STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235226	A. Building B. Wing	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Grand Blanc	11941 Belsay Road 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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This Citation pertains to intake Number 2997144.Based on observation, interview, and record review, the facility failed to ensure that residents were treated with respect and dignity during the provision of care for one resident (Resident #102) of five residents reviewed for dignity with care. Findings include: Resident #102 (R102): A record review of the face sheet and Minimum Data Set (MDS) assessment indicated R102 was admitted to the facility on [DATE] with diagnoses: acute respiratory failure with a tracheostomy (artificial patent airway), cardiac arrest (heart attack), dependance on renal dialysis, diabetes mellitus (DM), muscle weakness and obesity. The MDS assessment, dated 05/14/2026, indicated that the resident was cognitively intact with a Brief Interview for Mental Status (BIMS) score of 15/15 and was functionally dependent on assistance for care. On 05/20/2026 at 9:05 AM, during an interview with Family Member A she said that CNA B had apologized to R102 for her behavior, and that CNA B told them, ?She was having a bad day and should have taken more time with the resident' and ?had more patience.'On 05/20/2026 at 11:35 AM, during an interview, R102 was resting in bed and was agreeable to an interview. R102 said that he was restless and that the CNA had been called several times to help reposition him because he was unable to reposition independently. R102 said that CNA B was upset when he called for help and said, ?I don't know how you get yourself in these positions' and ?that is not how I left you' when she came in to assist him. R102 said it made him feel upset and nervous about the level of care he needed. R102 said that a couple of days later that CNA B had come to him and apologized for ?being short with him and said that she had been frustrated that day'. A record review of quality assistance form a grievance filed by family at care conference on 04/28/2026 about the resident's care from CNA B' and family notification concerns. Listed in the findings NHA noted: Administrator interviewed CNA and nurse regarding concerns. Findings determined that the education regarding customer service was needed for the CNA with Plans/action: education re: customer service given to CNA.On 05/20/2026 at 12:13 PM, during a phone call interview, CNA B was asked about the incident with R102 on the day of 04/23/2026. CNA B said that R102 was very restless that shift and that she had been in and out of his room to reposition him several times that evening. CNA B said that R102 was not acting in his normal demeanor and that the nurse, who was aware and had assessed him, called the provider. CNA B said that R102 had rolled out of bed and was sent out due to dislodgement of his Foley (catheter) and change in demeanor. CNA B said that a few days went by and she was taking care R102 when he told her, You hurt my feelings with something you said the night I fell out of bed. CNA B said she did not recall saying anything but that she did apologize because R102 was upset by it. On 05/20/2026 at 353PM, during an interview, the NHA said during a care conference with R102 and his family that R102 complained that CNA B was rude and ?I felt like she was taking her frustrations out on me' and said ?she was one person and could not do everything' when I asked for assistance to be repositioned. The NHA was asked about the grievance outcome, she said that she found that CNA B was unprofessional during care with R102 and that she received a verbal write up for customer service issues and was re-educated. The NHA said that CNA B had apologized to the resident and family. A record review of (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R102's care plan revealed: Focus: (R102) has decreased functional ability and unable to carry out his own ADL care (activities of daily living) due to debility with decreased strength and endurance with poor balance and coordination. with Interventions: BED MOBILITY: 2 person total assist; DRESSING: 2 person total assist; TOILETING: 2 person total assist; TRANSFERS: with 2 person total assist AND use of mechanical lift; Encourage resident to use call light when assistance is needed.According to a record review of the facility policy labelled promoting / maintaining resident dignity the Policy: it is the practice of this facility to protect and promote residents rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment, that maintains or enhances residents quality of life by recognizing each individuality. With compliance guidelines:1. All staff members are involved in providing care to residents to promote and maintain resident dignity and respect resident rights; 8.Conversation should be resident focused and resident centered; 10. Speak respectfully to the residents.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This Citation pertains to intake Number 3011645.Based on interview and record review, the facility failed to ensure that comprehensive, residentˆcentered care plans were implemented as written for one resident (Resident #105) out of five residents reviewed for care plan implementation.Findings include: Resident #105 (R105):A record review of the face sheet and Minimum Data Set (MDS) assessment indicated R105 was admitted to the facility on [DATE] with diagnoses: chronic respiratory failure with a tracheostomy (artificial patent airway) dependent on ventilator (machine that supports breathing), muscular dystrophy (MS / loss of muscle mass), muscle weakness, depression and anxiety. The MDS assessment dated [DATE] indicated the resident was cognitively intact with a Brief Interview for Mental Status (BIMS) score of 15/15 and was functionally dependent on assistance for care.On 05/20/2026 at 1:15PM, during an interview, R105expressed concern that his nails had not been clipped and his facial hair was unshaven. R105 was observed to have a goatee style facial hair growth, which he said he preferred. R105's full beard area on face had additional facial hair overgrowth present outside the goatee area. R105 had visibly long fingernails past the tip of the fingers free edge and were unkempt. R105 stated they are not following my care plan. R105 said they were supposed to shave his face and clip his nails on his shower days, Saturdays and Wednesdays. He said he was unsure when the last time they clipped his nails and he had not been shaved in about a week. R105 said he was tired of asking them to perform the grooming care and the staff usually gave excuses or simply told him they would be back to do it and never get around to it. R105 said his nails are so long it was uncomfortable for him to grab the control shifter for his automated wheelchair. R105 said he had talked to the assistant director of nursing (ADON) about it several times. A record review of R105's care plan revealed: Focus: Resident has an ADL (activities of daily living) self-care performance deficit related to VDRF (ventilator-dependent respiratory failure) via trach (tracheostomy) with Muscular Dystrophy diagnoses; (R105) needs total support by staff for all of his ADL care needs. Uses electric wheelchair. with Interventions: (R105) likes to direct his own care and therefore will be offered an opportunity for a bed bath or a shower for grooming and personal hygiene care; resident prefers nail care, shaving done on shower days unless requested otherwise; SHOWER: Wednesday /Saturday 2nd shift. resident can be assisted with 4 staff members to manually transfer onto shower bed using a draw sheet. Request made by resident and resident responsible party; Honor resident's choices and preferences whenever possible; PERSONAL HYGIENE: 1-person total assist.And Focus: Resident has a history of refusing meals, getting out of bed, medications, complying with weights, bathing, repositioning, vital signs, skin assessments, & wearing his vest. With intervention: Resident will verbalize his concerns or rationale explaining why he wishes to have refusals.; Resident's family will be notified to provide additional support, encouragement, & education to resident regarding his refusals during facility stay; Social Services & Unit Manager will provide additional support and encouragement to resident, while probing the resident's concerns at hand if the refusals continue to occur; Staff will continue to provide support/encouragement/education to this resident and will re-approach this resident as needed to encourage resident to acceptance from the staff versus his refusals.According to a record review of R105's treatment administration record (TAR) for the month of May 2026 revealed documentation of targeted behavior 1. refusing to get out of bed for showering and bathing there were no documented refusals of care; and bathing Wed/Sat 1st shift shave and trim nails with shower was documented as completed on 05/02/2026; 05/06/2026; 05/09/2026; 05/13/2026; 05/16/2026; and 05/20/2026, with no refusals or incompletes documented.On 05/20/2026 at 02:20PM, during an interview with the ADON she was queried about R105's concern over his ADL care and staff not following his plan of care. The ADON said that R105 often refused care. She said that R105 complained that it took too long for the staff to complete the (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	tasks and would send them away. The ADON was asked to review the May TAR for R105, and she verified there was no refused care behaviors documented and that the grooming care (shaving and nail care) were all documented as complete. The ADON was asked to observe R105's nails and facial hair. She agreed that R105 had extra facial hair outside the preferred goatee and that his nails were long and unclipped. The ADON said we will get his nails clipped when he returned to his room from activity and that she would address the facial hair as well. On 05/20/2026 at 4:20PM, during an interview, the NHA she was asked about R105's care plan with regards to showering and grooming. NHA said R105 is known to refuse care and then later complain about it, she said it is care planned as well. NHA was aware that R105 was concerned with his nails and facial hair grooming and was asked to review his May TAR and chart for any documentation for refusals. She could not identify any for May 2026. NHA reviewed the TAR and agreed that all May shower/facial hair/nails clipped task had been marked as completed, NHA said that she will separate the nails and the facial hair tasks from the shower task to better capture if R105 refused one of the areas of care, so it was documented separately from now on. According to a record review of the facility policy labelled comprehensive care plans revealed the Policy: it is the policy of this facility to develop and implement A comprehensive person centered care plan for each resident, consistent with the resident's rights, that includes measurable objectives and time frames to meet residents medical, nursing, and mental and psychosocial needs that are identified in the residence comprehensive assessment. with .guidelines: 1. Care planning process will include an assessment of the individual's strengths and needs, will incorporate the resident's personal and cultural preferences in developing goals of care. and defined person-centered care: means to focus on the resident as the focus of control and support the resident is making their own choices and having control over their daily lives.According to a record review of the facility policy labelled promoting / maintaining resident dignity the Policy: it is the practice of this facility to protect and promote residents rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment, that maintains or enhances residents quality of life by recognizing each individuality. With compliance guidelines: 2. During interactions with residents, staff must report, document and act upon information regarding residence preference; 9. Groom and dress the residents according to resident preference.According to a record review of the facility policy labelled activities of daily living (ADL) the 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.