STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235243	A. Building B. Wing	06/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Gtc	2950 Lafranier Road Traverse City, MI 49686

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on interview and record review the facility failed to ensure timely assessment and intervention for a significant change in condition (hypotension) for one Resident (#1) of three residents reviewed for quality of care.Findings include:Resident #1 (R1)Review of the Electronic Medical Record (EMR) for R1 showed on 5/13/26 at 12:29 AM, R1's blood pressure was documented as 87/38 mmHg (millimeters of mercury-pressure measurement). Review of R1's baseline vital signs indicated usual systolic readings ranging from 118-188 mmHg. According to the American Heart Association's 2025 guidelines, a normal blood pressure is 120/80 mmHg.Further review of the EMR revealed no documented nursing assessment, repeat blood pressure measurement, or evaluation of symptoms until 5:56 AM, when Licensed Practical Nurse (LPN) A documented: resident lethargic and experiencing SOB (shortness of breath). repositioned in bed and VS (vital signs) obtained. with O2 (oxygen) sat (saturation) clear to auscultation with slight wheezing noted in rt. (right) lower lobe. O2 applied via nasal cannula for comfort. [sic]. No vital signs were entered into the EMR for that time.There was no documentation indicating that the physician was notified of the hypotensive episode. Physician notes entered at 8:00 AM on 5/13/26 reflected that R1 was evaluated for abnormal urine analysis and culture; however, there was no indication that the physician had been informed of the hypotensive event.During a phone interview conducted on 6/30/26 at 4:00 PM, LPN A confirmed that a blood pressure of 87/38 mmHg would be considered significantly abnormal and would warrant immediate reassessment and provider notification. LPN A was unable to recall whether she was made aware by the CNA (Certified Nurse Aide) of the hypotensive reading and therefore could not explain the delay in reassessment and intervention for R1.The facility's failure to promptly recognize, assess, and respond to significant change in condition constituted a breakdown in clinical monitoring and nursing judgment, and placed the resident at risk for avoidable complications.The Nursing Home Administrator (NHA) sated the expectation was that CNA's would report to nursing, but could not define what they were to report as too low or too high.

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