

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235263	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/07/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Sterling Heights		STREET ADDRESS, CITY, STATE, ZIP CODE  14151 E 15 Mile Rd Sterling Heights, MI 48312	

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 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give the resident's representative the ability to exercise the resident's rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49102</p> <p>This citation pertains to Intake MI00143948.</p> <p>Based on interview and record review, the facility failed to notify guardian of transferring out to the hospital for one (909) of two residents reviewed for notification of changes resulting in the guardian not being informed of resident's condition. Findings include</p> <p>A record review of R909's medical record revealed, R909 was admitted on 9/04/15 with diagnoses of Vascular Dementia, Acute Kidney Failure, and Hypertension. A review of the most recent Minimum Data Set (MDS) dated [DATE] noted, R909's Brief Interview for Mental Status (BIMS) score of 0, which indicates severe cognitive impairment.</p> <p>On 5/07/24, a record review of R909's medical record revealed on 11/28/2023 at 12:00 a note stated, Writer was rounding on unit and approached resident's bedside, resident was found to be tachypneic on room air. Initiated oxygen immediately via nasal cannula at 8liters per minute . (Medical Doctor)MD was called, orders to have (Nurse Practitioner)NP at bedside and administer breathing treatment if necessary. Per MD, if treatment does not raise oxygen saturations .Per NP at bedside, send out via EMS. Floor nurse initiated EMS transfer and RP will be notified of change in condition.</p> <p>On 5/07/24 an interview occurred with the Assistant Director of Nursing and was asked what was the expectation regarding notification of family members of change. The ADON stated It is my expectation the responsible party would be notified as soon as possible about a change in condition.</p> <p>On 5/07/24 an interview occurred with the Nursing Home Administrator (NHA) and was asked about the expectation regarding notification of family members of change. The ADON stated It is my expectation the responsible party or family would be notified in a timely manner about a change in condition.</p> <p>A review of the facility's policy titled Notification of Changes with a revised date of 1/01/22 revealed, the purpose of this policy is to ensure the facility promptly informs the resident, consults the resident's physician; and notifies, consistent to his or her authority, resident's representative when there is a change requiring notification.</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
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