

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  07/30/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 28776</p> <p>This citation pertains to Intake MI00145616.</p> <p>Based on interview and record review, the facility failed to develop and implement actions to prevent repeated falls for one (R703) of one resident resulting in nine falls without goals and interventions to prevent further falls. Findings include:</p> <p>On 7/30/2024 st 10:57 AM, phone contact with the complainant was attempted. A voicemail was left when the call was unanswered. A return call was not received.</p> <p>On 4/18/2024, R703 was admitted to the facility on [DATE] after falling and sustaining a fractured left wrist and left femur prior to admission. Other pertinent diagnoses include, dementia, heart disease, difficulty walking, cognitive communication deficit, and muscle weakness. R703's BIMS (Brief Interview for Mental Status) documented a 9 out of 15, indicating moderate cognitive impairment.</p> <p>On 7/30/2024 a facility record review revealed R703 experienced falls on the following dates, 4/19/2024, 4/20/24, 5/1/2024, 5/2/2024, 5/1/2024. 5/24/2024, 5/29/2024, 6/12/2024, and 7/1/2024. The care plan regarding falls was first initiated on 4/18/2024. A fall pad was added to the care plan after the 6/12/2024 fall. The care plan was revised again on 7/16/2024 (15 days after the 7/1/24 fall). There were no care plan interventions put into place after the other falls.</p> <p>The Director of Nurses (DON) was interviewed at 11:25 am, and asked about the care plan interventions and said a fall mat was added to the care plan after the 6/12/24 fall.</p> <p>On 7/30/2024 the policy, Fall Prevention Program, revised 10/26/2023 was reviewed. The policy review revealed, When any resident experiences a fall, the facility will: e. Review the resident's care plan and update as indicated and f. Document all assessments and actions.</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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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38207</p> <p>This citation pertains in part to intake #145421.</p> <p>Based on observation, interview, and record review, the facility failed to serve food in a palatable manner and at the preferred temperature for three residents (R704, R705, R706 ) of three reviewed for food palatability, resulting in dissatisfaction during meals. Findings include:</p> <p>A review of a complaint submitted to the state agency (SA) revealed the following, Complainant states the food is terrible .The complainant(s) state they have to spend their own money on food and they can't afford it.</p> <p>On 7/30/24 at 12:40 PM, the surveyor taste tested a random lunch meal and the results revealed that the cheeseburger and fries were [NAME] warm, the [NAME] slaw lacked flavor, and the pickle spear was soggy. All of these issues had a negative impact upon the palatability of the meal.</p> <p>On 7/30/24 at 2:25 PM, Dietary Manager (DM) B was interviewed regarding preferred food temperatures for meals to the residents and stated, Hot food should be hot and cold food should be cold. DM B was further interviewed about the [NAME] Warm taste of the food on the test tray sampled by the surveyor. DM B stated, It was the last tray served, I'm not sure why it wasn't warmer.</p> <p>On 7/30/24 at 4:05 PM, R706 was interviewed regarding food palatability at the facility. R706 stated, The food is terrible.</p> <p>A review of R706's electronic medical record (EMR) revealed that R706 was admitted to the facility on [DATE] with diagnoses that included Lymphocytic colitis (Inflammation of the large intestine) and Muscle weakness. R706's most recent minimum data set assessment (MDS) dated [DATE] revealed that R706 had an intact cognition.</p> <p>On 7/3/24 at 4:10 PM, R705 was interviewed regarding food palatability at the facility. R705 stated, The food is terrible.</p> <p>A review of R705's electronic medical record (EMR) revealed that R705 was admitted to the facility on [DATE] with diagnoses that included Kidney disease and Heart failure. R705's most recent MDS dated [DATE] revealed that R706 had an intact cognition.</p> <p>A facility policy titled Food .Palatability Revised 9/2017 Policy Statement: Food will be .palatable .and served at a .appetizing temperature.</p>		

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<p>F 0920</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide at least one room set aside to use as a resident dining room and for activities, that is a good size, with good lighting, air flow and furniture.</p> <p>49699</p> <p>This pertains to Intake MI00145962.</p> <p>Based on observation, interview, and record review, the facility failed to maintain adequate lighting in one (East Dining Room) of two dining rooms reviewed for homelike environment. Findings Include:</p> <p>On 7/30/2024 at 10:30 AM, during an interview with R701 they said the East Dining Room lights had been out for some time. They further revealed staff had been made aware and were very frustrated with the maintenance in the facility.</p> <p>On 7/30/2024 observation was made regarding lighting in the East Dining Room. It was observed that 5 lights were not illuminated. With the assistance of the Activities Director, the surveyors tried all switches controlling the lights without success.</p> <p>On 7/30/2024 at 1:20 pm, the Nursing Home Administrator (NHA) indicated staff have the ability to enter into their maintenance system and was unaware of the lights being out until the Activities Director notified them. The NHA indicated maintenance requests need to go through the electronic maintenance request system.</p> <p>The policy, Preventative Maintenance Program, revised 3/12/2022, revealed A Preventative Maintenance Program shall be developed and implemented to ensure the provision of a safe, functional, sanitary, and comfortable environment for residents staff, and the public. The policy further reveals documentation may be completed for all tasks and kept in the electronic maintenance request system program.</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>28776</p> <p>This pertains to Intake MI00145962.</p> <p>Based on based on observation, interview, and record review, the facility failed to maintain steam tables in a sanitary condition in one of three steam tables in the East Dining Room. Findings Include:</p> <p>On 7/30/2024 at 11:20 am, an observation was made of the steam tables in the East Dining Room. While observing the condition and cleanliness of the steam tables, loose crusted material and mold was noted on the third steam table with a small hood. When the material was touched, it fell on to the area where food would be sitting when in use.</p> <p>On 7/30/2024 at 12:35 pm, The Nursing Home Administrator (NHA) was shown the area of concern and indicated their expectation is the steam table hoods should be clean and free of mold and materials that could drop into food.</p> <p>The cleaning policy for cleaning steam table hoods was requested and received, Cleaning and Sanitizing Training by (name of cleaning company). The training document revealed Cleaning and sanitizing properly is one of the most important things we continually do in our kitchens to keep our operation safe for our residents. The Cleaning paragraph reveals, When you clean a surface your remove all visible debris from an area. The document also reveals, When you sanitize a surface you remove most harmful bacteria from the area.</p>		