

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 10/22/2024
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32220</p> <p>This citation pertains to MI00147415 and MI00147559.</p> <p>Based on observation, interview, and record review, the facility failed to ensure resident rooms, common areas, and shower rooms were homelike on two nursing units (units 100 and 200) of four units reviewed. Findings include:</p> <p>A review of the intake dated 10/18/24 revealed, .bathroom had no working lights, and the piping underneath the sink was not attached to the sink . It was also noted there was a burnt outlet in the room. A further comment noted, staff were asked to switch bed to a pressure release bed, but staff did not switch it until the last day . and .there are sharp metal objects sticking out the floor in the hallway .</p> <p>On 10/22/24 at 9:21 AM, the main hall to the 100 and 200 units was noted to have a round metal disc in the center of the hallway outside the main dining room. The disc was held down with a screw in the center. The edges of the disc were bent upwards above the level of the floor and the disc was loose when stepped on. A piece of the baseboard was noted peeled away from the wall in the same area.</p> <p>On 10/22/24 at 9:23 AM, room [ROOM NUMBER] was observed to have a resident in the bed by the door. The resident was in a low bed with a mattress on floor on one sides of bed. Eleven or more white patches of spackle were observed on the walls of the room. The bathroom did not have a towel dispenser and eight similar white patches were observed on the walls of the bathroom. A piece pipe covering was on the floor under the sink.</p> <p>On 10/22/24 at 9:30 AM, the 100 unit nurse station had 25 or more patches of white spackle visible from the common area. Three powered wheelchairs were stored at the right hand hall for the exit door from the same common area.</p> <p>On 10?22/24 at 9:31 AM, the shower and bathroom areas were observed. The first shower room to the right had a wash cloth left on the assist bar. The cove base was missing to the right of the doorway to the shower. The opposite shower room was full of multiple items which included laundry bin frames, two used foam wedges and a shower chair with items piled to the level of the arms. The restroom at the end of the same hall had a toilet with brown water stains in the bowl, dead flies and small trash particles on the floor, the cabinet doors were at odd angles and the toe kick for the cabinet was missing.</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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>On 10/22/24 at 9:39 AM, room [ROOM NUMBER] was observed occupied by a resident dressed and seated in a recliner. The resident did not respond to questions. A visitor reported the resident had moved from room [ROOM NUMBER]. An observation of the room areas revealed the cover (around 18 inches high, 18 inches deep and three feet long) for the air unit was on the floor in front of the unit. Further observation revealed five white spackled wall patches, the cover was off the phone jack behind head of the residents bed, the lights over both beds did not work. The pull chain for the second bed did not work. The bathroom light also did not work when the switch was turned on. (A maintenance person noted they had changed the bulbs and they still did not work.) The sink had a repair of an area of missing porcelain rusting through.</p> <p>On 10/22/24 at 9:50 AM, room [ROOM NUMBER] was noted to have a light cover missing from the overhead light at the door. room [ROOM NUMBER] had nine or more areas of white spackled wall patches. Patches were also noted at the side of the windows. The hub of a call light cord had pulled away from one of the cords to reveal the wires. Toilet paper, a pencil, and a patch of soil were on the floor across the room and assist bars were stored in one of the resident closets.</p> <p>On 10/22/24 at 10:04 AM, a resident was observed to be in bed in room [ROOM NUMBER]. [NAME] spackled patches were noted around the two windows, bed parts were under the head of the bed, and a piece of dried and soiled tissue was stuck to the first closet door. room [ROOM NUMBER] was observed with a made up bed. A soiled yellow plastic wash basin rested on top of the trash can in the bathroom. The toilet appeared with mildew in the bowl.</p> <p>On 10/22/24 at 11:11 AM, the resident in room [ROOM NUMBER] reported they did not have a toilet seat or a television when first admitted to their room. The toilet seat arrived the next day and the TV a couple of days later.</p> <p>On 10/22/24 at 11:35 AM, and observation of the shower room area for the 200 unit revealed the right side shower room with a tray table, a laundry cart, chair pad, floor mat, and arms for a raised toilet seat stored in the room. A bed mattress, a full trash can and laundry bin were in the hallway for the showers. The opposite shower room had a wet floor on the open stall and the opposite stall had a shower chair, a brush and comb on the floor. A refill for the soap dispenser was on top of the pony wall in between the stalls. The ledge also had clear plastic cup one third full with an orange liquid.</p> <p>On 10/22/24 at 3:10 PM, environmental concerns were reviewed with the Administrator. The Administrator reported the admissions person, maintenance and housekeeping all should do room readiness checks prior to placement of a resident in the rooms.</p> <p>A review of the October 22, 2024 resident council minutes noted maintenance issues had not been resolved.</p> <p>A review of the maintenance logs (TELS) reports revealed: room [ROOM NUMBER] had an above bed light not working reported 09/23/24 and closed 09/23/24 and heat not working reported 10/02/24 and closed 10/21/24; room [ROOM NUMBER] also had a needs air mattress opened 10/10/24 and closed 10/16/24. A review noted the prior resident left on 10/17/24. The report for room [ROOM NUMBER] revealed, needs toilet seat . was opened 10/02/24 and closed 10/10/24.</p> <p>(continued on next page)</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>A review of the policy titled, Safe and Homelike Environment with date implemented of 07/28/2020, revealed: In accordance with residents ' rights, the facility will provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.</p> <p>Definitions: Adequate lighting means levels of illumination suitable to tasks the resident chooses to perform or the facility staff must perform.</p> <p>Comfortable lighting means lighting that minimizes glare and provides maximum resident control, where feasible, over the intensity, location, and direction of lighting to meet their needs or enhance independent functioning. Comfortable and safe temperature levels means that the ambient temperature should be in a relatively narrow range that minimizes residents ' susceptibility to loss of body heat and risk of hypothermia/hyperthermia and is comfortable for the residents .</p> <p>A review of the policy titled, Preventative Maintenance Program with date implemented: 7/1/2021, 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. Policy Explanation and Compliance Guidelines:</p> <p>1. The Maintenance Director is responsible for developing and maintaining a schedule of maintenance services to ensure that the buildings, grounds, and equipment are maintained in a safe and operable manner. 2. The Maintenance Director shall assess all aspects of the physical plant to determine if Preventative Maintenance (PM) is required. Required PM may be determined from manufacturer ' s recommendations, maintenance requests, life safety requirements, or experience. 3. If preventative maintenance is required, the Maintenance Director may decide what tasks need to be completed and how often to complete them. 4. The Maintenance Director may develop a calendar to assist with keeping track of all tasks. 5. Documentation may be completed for all tasks and kept in the TELS program.</p>		