

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  01/22/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 32220</p> <p>This citation pertains to Intakes MI00149291, MI00149568, and MI00149398.</p> <p>Based on observation, interview, and record review, the facility failed to ensure incontinence care, repositioning or water was provided for three dependent residents (R703, R706, and R707) of three reviewed for Activities of Daily Living (ADL) care. Findings include:</p> <p>R703 and R707</p> <p>On 01/22/25 at 8:52 AM, R707 reported they did not have any water and had been left an extended amount of time waiting to be assisted with incontinence care. R707 had finished their breakfast.</p> <p>On 01/22/25 at 8:55 AM, R703 was observed to be in bed. A wedge was visible at the right side of the torso. The resident verbalized concerns about being changed (providing care) timely in the after dinner hours. R703 reported they had not been turned since earlier in the morning and was supposed to be turned every two hours. The resident was able to read the clock in the room. The time stated by R703 was correct. R703 reported the breakfast tray had been removed and noted they did not have any water.</p> <p>Additionally, R703 did not have a water cup and R707 had two empty cups on the night stand. Both residents reported they would like to have water cups between meals.</p> <p>On 01/22/25 at 10:39 AM through 10:55 AM, R703 had not been turned or repositioned. R703 nor R707 had a water cup. Nursing and nurse aide staff were observed in the hallway.</p> <p>No water cups were observed in the room for R703 nor R707. The cart that held the water cups was observed between rooms [ROOM NUMBERS].</p> <p>On 01/22/25 at 11:37 AM, R703 was observed to be in bed dressed in a hospital style gown. The wedge was observed at the left side of R703's torso and no water cups had been delivered to the room of R703 and R707.</p> <p>R703 remained in bed, and demonstrated ability to move their head up and down with the bed control. The tray table was observed to be at the end of the reach for R703.</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
---	-------	-----------

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  01/22/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 01/22/25 at 11:44 AM, R707 was observed to be in bed, the empty tray from breakfast for R707 remained in the room. The tray table was parallel to left side of bed and with no water cup.</p> <p>On 01/22/25 at 12:31 PM, R703 was observed to be in bed as before with the wedge on their left side. There was no water bedside for R703 nor R707 and the cart remained parked between rooms [ROOM NUMBERS]. A Certified Nurse Assistant (CNA) entered the room of R703 and placed the lunch tray on the over bed table. At 12:36 PM, the CNA returned and assisted R703 to eat. At 2:09 PM R703 remained faced toward the right side of the bed with the wedge behind the torso at the left side. No fresh no water cups had been delivered. The cart that was between rooms [ROOM NUMBERS] had been removed. At this time the unit manager was asked if R703 and R707 were able to have bedside water and reported they were.</p> <p>R706</p> <p>On 01/22/25 at 9:15 AM, R706 was observed to be in bed and appeared to be asleep, laying on their right side. The head of the bed was up and two lollipops were observed in the bed behind R706's back. A vague odor of urine was noted and the brief appeared wet and soiled and a brown ring had developed on the bed behind R706's buttocks and torso.</p> <p>At 10:27 AM, the soiled brown ring was visible from around the resident's backside and onto their gown and R706 appeared in the same position as before. The resident appeared to be asleep and the two lollipops remained on the bed behind the resident.</p> <p>At 11:13 AM, R706 continued in bed. The soiled brown ring was visible from around the resident's backside and R706 appeared in the same position as before. The two lollipops remained on the bed behind the resident.</p> <p>From approximately 11:18 AM to 12:19 PM the following events occurred, two staff entered the hallway of R706 from the back hall, with a laundry cart .food items were brought out from back hall into the hallway . R706 continued in bed as before but with their eyes opened. A nurse was at the medication cart .a CNA was observed at the wall kiosk and appeared to have been charting .R706 remained in bed as before though more onto their back and with their eyes open .CNA E brought the lunch tray into the room of R706, placed the lunch tray bed side on the tray table, then pulled up the sheet up to the waist of R706 and raised the head of the bed to greater than 45 degrees .the nurse for R706 entered the room with the blood pressure machine then quickly exited .the nurse returned, noted the soiled area around R706 and reported they told staff that R706 needed to bed changed .R706 continued to eat with their fingers as the assigned nurse and CNA C walked in and reported they were going to change R706.</p> <p>A review of the record for R706 revealed R706 was admitted in the facility on 02/04/19 and had been moved to the current room on 01/06/25. R706 had a history of candida (fungal infection) of the genital area and skin irritations to the thigh were documented on 01/10/25 per a nurse practitioner (NP) note. A progress noted dated 12/02/24 documented foul smelling and dark urine and R706 had a urinary tract infection.</p> <p>(continued on next page)</p>		

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  01/22/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The active care plan documented impaired cognitive function and an ADL (activities of daily living) self-care performance deficit, toileting was supervision with set up and personal hygiene was supervision with one person assist. The care plan initiated 09/25/23 and revised 11/19/24, further noted R706 had episodes of bowel and bladder incontinence related to neuromuscular dysfunction of the bladder and to assist resident with toileting needs as needed.</p> <p>On 01/22/25 at 2:10 PM, the observations of R706 were reviewed with CNA C. CNA C reported they had checked at R706 at the start of their shift (between 7 AM and 8 AM) and displayed a note which indicated R706 to be independent.</p> <p>On 01/22/25 at 4:51 PM, upon review of the identified incident with the Director of Nursing (DON) and Administrator, the DON acknowledged the need for repositioning, incontinence care and water pass for dependent residents. The DON further reported there were no fully independent residents in the facility and the nurse and CNA should have checked on and assisted R706.</p> <p>A review of the policy titled, Activities of Daily Living (ADLs) implemented 10/30/20 revealed, .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 .</p> <p>A review of the policy titled, Hydration implemented 10/30/20 revealed, .The facility offers each resident sufficient fluid, including water and other liquids, consistent with resident needs and preferences to maintain proper hydration and health .</p>		