STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235263	A. Building B. Wing	02/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Sterling Heights	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)
F 0684 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46956 This citation pertains to intake M100150293 Based on interview and record review, the facility failed to complete weekly skin checks for one (R704) of ten residents reviewed for skin checks, resulting in the development of gangrene of the right great toe, right foot pain and hospitalization . Findings include: Review of intake M100150293 revealed a concern that a family member visited R704 on 12/25/24 during which the resident reported right foot pain. The family member reportedly removed the resident's sock and found the right great toe to have what they believed to be gangrene. Review of the facility record for R704 revealed an admitted [DATE] with diagnoses including Osteoarthritis, Gout, Adult Failure to Thrive, and End Stage Renal Disease requiring Renal Dialysis. Review of R704's Care Plan dated 01/10/24 revealed the Focus statement [R704] is at risk for impaired skin integrity related to muscle weakness, incontinence and a diagnosis of failure to thrive. The Interventions associated with this Focus area included Complete skin inspection weekly and as needed. Review of R704's facility record of assessments revealed a skin assessment dated [DATE] that indicated no new abnormal skin areas. The next skin assessment was dated 12/25/24 and identified the concern of swelling in right foot and black skin on right great toe. On 02/18/25 at 1:45 PM, the facility Director of Nursing (DON) was interviewed and reported they were first made aware of R704's right foot condition on 12/25/24. The DON reported that family was visiting and had reported the concern to nursing staff. Staff contacted the DON by phone and they initiated response measures which led to the resident being transferred to the hospital that day. The DON expressed that they knew that the gangrenous condition of the toe would have taken time to develop and they recognized that there had been a deficient practice. The DON was asked about the nearly eight week gap between the 10/31/24 and 12/25/24 skin assessments and they acknowledged the assessments had not been completed. Review of R704's hospitalization records indicated the resident and was hospitalized from 12/25/24 until 01/10/25 at which time they returned to the facility. The hospital record verified the resident was diagnosed with Right Foot Gangrene, Dry as well as Sepsis, likely due to Gangrene and that the resident continued to report right foot pain during hospitalization . (continued on next page)

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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NAME OF PROVIDER OR SUPPLIER Medilodge of Sterling Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 14151 E 15 Mile Rd Sterling Heights, MI 48312	

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F 0684 Level of Harm - Actual harm Residents Affected - Few	Additional review of R704's facility record revealed that following readmission on 01/10/25 the resident continued to report right foot pain as recently as 02/05/25 per the Physical Medicine and Rehab Nurse Practitioner's note dated 02/09/25. On 02/19/25 at 2:15 PM, the DON reported their expectation is that R704 should have had a head to toe skin assessment weekly as well as skin assessments during twice weekly baths/showers. The DON reiterated that they recognized a deficient practice had occurred and they began corrective measures on 12/25/24. Review of the facility policy Pressure Ulcer/Skin Breakdown-Clinical Protocol dated 10/30/22 revealed the section 7. Continued Assessment and Management which included the entry - Weekly skin evaluation/assessment by the licensed nurse on residents who have no current pressure ulcers/injuries. During the onsite survey, past noncompliance (PNC) was cited after the facility implemented actions to correct the noncompliance which included: The facility identified an inconsistency with the documentation of the provision of potential identified treatment/wound care. 1. What corrective action(s) will be done for residents found to have been affected by the deficienct practice(s). (R704) sent to the hospital with skin discoloration noted to right foot with great toe included. No documentation of discoloration mentioned on weekly skin checks or nursing admission notes. We were out of compliance with treatment orders and was not assessed by the wound care team on date of admission. He was admitted prior to the PNC and we were out of compliance with his weekly skin assessments. 2. How will facility identify other residents having potential to be affected by practice and what corrective action will be taken. Skin assessments completed on all current residents by December 28, 2024. Residents with noted changes to skin integrity were evaluated by a licenced nurse and treatment in place if needed, appropriate, and in compliance with treatment order schedule. 3. What measures will be put in place or what systemic changes will you make to ensure that the deficient practice does not recur. The above action plan will be presented in QAPI (Quality Assurance Performance Improvment), January 23, 2025 meeting. Pressure Ulcer/Skin Breakdown - Clinical Protocol has been reviewed and deemed appropriate. The action plan and audits will be brought to QAPI monthly and will continue until discontinued by QAPI. The DON/Unit Managers will be responsible for the ongoing oversight of the provision of skin/wound assessments and documentation. Skin assessments will be monitored for completion during morning meetings, Monday thru Friday. 4. How the corrective actions will be monitored to ensure the deficient practices will not recur. (continued on next page)

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F 0684 Level of Harm - Actual harm Residents Affected - Few	The DON/designee will audit 10 residents weekly for timely and accurate completion of skin assessments and treatment orders in place if needed or extending as determined necessary, then monthly thereafter until substantial compliance is met and audits are discontinued by QAPI. The DON is responsible for sustained compliance. Signed by DON on 12/28/24. Supportive documentation/audits verified and available in survey folder. The facility was able to demonstrate monitoring of the corrective action and maintained compliance.