

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 04/14/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46956</p> <p>This citation pertains to Intake M100151122:</p> <p>Based on observation, interview, and record review, the facility failed to prevent the fall of one (R705) of four residents reviewed for falls. Findings include:</p> <p>Review of the facility record for R705 revealed an original admitted [DATE] and a most recent admission of 08/22/17 with diagnoses including Primary Generalized Osteoarthritis, Spinal Stenosis, and Muscle Weakness. The record indicated R705 is receiving hospice services.</p> <p>On 04/14/25 at 12:40 PM, R705 was interviewed in their room. During the conversation regarding care concerns the resident stated I wanted to tell you I fell off the bed last Monday. The hospice aide was changing me and I rolled off the bed. When it happened I had some pain in my neck so they tried to X-ray my neck but they weren't able to. R705 indicated the X-ray couldn't be completed properly due to positioning difficulties. The resident denied any residual pain and stated I'm just a little sore but I always feel that. When asked if they felt safe receiving care R705 stated, as long as there are two aides its ok. When I fell [hospice aide] was alone.</p> <p>Review of R705's progress note revealed a note dated 04/07/25 indicating the hospice aide notified the resident's nurse when they turned the resident in the bed the resident rolled off onto the floor.</p> <p>Review of the Incident/Accident report dated 04/07/25 pertaining to this fall included a statement from the hospice aide that indicated they were providing care to the resident without other staff assistance when the resident fell off the bed.</p> <p>Review of R705's care plan revealed a fall risk-related Focus area that included an intervention dated 10/21/24 documenting care requiring bed mobility to be provided by two staff members.</p> <p>On 04/14/25 at 01:42 PM, the facility Director of Nursing (DON) reported the facility was aware the hospice aide attempted to provide care to R705 without the assistance of a second person and said the expectation is the resident's care should only be provided with two-person assistance and that hospice as well as in-house personnel will review resident's plan of care prior to providing service.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility policy Falls-Clinical Protocol dated 11/02/23 includes the entry 2. Based on the [fall risk] assessment an initial plan of care will be developed and implemented to address identified risk.</p>		