

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  06/30/2025
NAME OF PROVIDER OR SUPPLIER  Medilodge of Sterling Heights		STREET ADDRESS, CITY, STATE, ZIP CODE  14151 East 15 Mile Road 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 0917</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure each resident has 1) at least one window to the outside in a room; 2) a room at or above ground level; 3) adequate bedding; 4) furniture that meets the resident's needs; or 5) adequate closet space.</p> <p>This citation pertains to Intake MI00153957.</p> <p>Based on observation, interview, and record review the facility failed to ensure a mattress was comfortable and changed timely upon resident request for one resident (R901) of three reviewed for a room furnishings. Findings include:</p> <p>On 07/01/25 at 8:17 AM, R901 was queried about a concern with uncomfortable mattresses. R901 reported the mattress feels like it has a hole in it and it feels like they are sitting on the frame of the bed. R901 further reported the mattress has been that way since they were admitted about six months ago. R901 also reported they had told different staff over the last six months and it had yet to be changed out.</p> <p>On 07/01/25 at 11:29 AM, Certified Nursing Assistant (CNA) D reported R901 had told them the mattress was uncomfortable at different times over the last four to five months and had reported it to the nurse because they were the ones who could put it in the maintenance needs reporting system (TELS).</p> <p>On 07/01/25 at 12:11 PM, R901 was observed to be dressed and seated in a wheelchair dressed at the right side of the bed. The lunch tray was on the over bed table in front of R901. The sheets had been removed from the mattress and there was a visible wrinkle in the mattress cover in the center of the bed closer to the right side of the bed. The mattress had a firm bolster around the rim of the bed with a softer center which compressed easily.</p> <p>On 07/01/25 at 12:20 PM, Licensed Practical Nurse (LPN) E reported R901 had verbalized the mattress was a concern since they arrived around five months ago. LPN E further stated they thought they had told maintenance staff or put it into TELS. A review of the progress notes did not reveal any documentation by staff of R901's concerns with their mattress.</p> <p>On 07/01/25 at 12:52 PM, the identified concern was reviewed with the Assistant Administrator with a Corporate Representative present. The two staff reported they had reviewed the TELS reports for R901 and did not find a work order to change out the mattress. The administrative staff members further noted any staff can enter a work order into TELS and this is covered in orientation. A review of the TELS work orders for the last three months prior to the survey revealed mattresses were available and there were work orders which indicated other resident's mattresses had been changed out.</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 0917</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 07/01/25 at 2:25 PM, maintenance Staff F, was ask about any TELS work orders for a mattress replacement for R901 and reported that no one had entered any and further noted staff will tell maintenance about items but the work order still has to be entered when the work is done.</p> <p>A review of the Virtual Orientation Guide revealed, .55. Maintenance: a. All staff have the possibility of identifying equipment or items that are broken or in need of replacement. Anyone can complete a work order to notify the maintenance department so they can address the issue. The guide further noted the web site and that an application was also available to enter work orders.</p>