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	04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Sterling Heights	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)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that food was served in a palatable manner and at the preferred temperature for six residents (R46, R56, R101, R116, R156, and R177) of six reviewed for food palatability. Findings include: R56 On 4/12/26 at 9:27 AM during initial tour R56 reported the food is always cold, over cooked, and tough. R56 explained they have reported the food concerns multiple times and nothing changes. R56 continued and stated, when staff are asked to reheat the food, the staff refuses. A review of R56's medical record noted, R56 was admitted to the facility on [DATE] with diagnosis of Fractures and Other Multiple Trauma. A review of R56's MDS assessment noted R56 with an intact cognition and required assistance with activities of daily living by staff. R46 On 4/12/26 at 11:13 AM, R46 reported cold water is not being passed on the weekend and the food is horrible. A review of R46's medical record noted, R46 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis of Pulmonary Embolism. A review of R46's MDS assessment noted R46 with an intact cognition and required assistance with activities of daily living by staff. R101 On 04/13/26 at 11:58 AM, R101 reported the food is nasty. R101 was asked details regarding the food and reported it's just nasty. A review R101's medical record noted, R101 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis of End Stage Renal Disease. A review of R101's MDS assessment noted R101 with an intact cognition and required assistance with activities of daily living by staff. R116 On 4/12/26 at 1:47 PM, R116 reported the food sucks, and that it's always cold. (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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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	A review R116's medical record noted, R116 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis of End Stage Renal Disease. A review of R116's MDS assessment noted R116 with an intact cognition and required assistance with activities of daily living by staff. A review of the facility's food committee meeting minute notes for the months of January 2026 to April 2026 revealed resident food concerns related to, palatability of the chicken salad, dryness of the meat and fish, grilled cheese sandwiches being greasy, soggy vegetables, and potatoes being hard. R177 On 4/12/26 at 12:31 PM, R177 was interviewed regarding food palatability at the facility. R177 stuck out their tongue and grimaced. A review of R177's electronic medical record (EMR) revealed that R177 was most recently admitted to the facility on [DATE] with diagnoses that included Schizoaffective disorder, Bipolar type and Dementia. R177's most recent minimum data set assessment (MDS) dated [DATE] revealed that R177 had a severely impaired cognition. R156 On 4/12/26 at 4:54 PM, R156 was interviewed regarding food palatability at the facility and stated, The food is terrible. R156 further indicated that their food was frequently cold. A review of R156's electronic medical record (EMR) revealed that R156 was most recently admitted to the facility on [DATE] with diagnoses that included End stage renal disease (Final stage of kidney disease) and Type 2 diabetes. R177's most recent MDS dated [DATE] revealed that R156 had an intact cognition. On 4/14/26 at 12:03 PM, a lunch tray was pulled from a food cart on the 400 unit and temperature checked by Dietary Manager (DM) B. The results were the following, Spaghetti with meat sauce: 106.9 Degrees Farenheit; Parmesan roasted cauliflower: 98.0 Degrees Farenheit. DM B was interviewed regarding the preferred temperature for the meal and stated, It's based on resident preference. DM B was further interviewed about food palatability issues at the facility and indicated that since beginning a food committee, resident complaints regarding food palatability have decreased. DM B tasted the spaghetti and meat sauce per the surveyor's request and indicated that it tasted good. On 4/14/26 at 12:07 PM, the surveyor taste tested the lunch tray and found the food to be lukewarm which negatively impacted the palatability. On 4/12/26 at 12:30 pm, the lunch meal food cart was delivered to the 400 unit. On 4/12/26 at 12:40 pm, a test tray was removed from the cart to check the food temperatures. The food temperatures were measured in the presence of Dietary Manager (DM) B. The following food temperatures were noted: Country fried steak 117 degrees Fahrenheit (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Diced potatoes 106 degrees Fahrenheit Cooked carrots 103 degrees Fahrenheit When queried about what the expected serving temperature of hot food items should be, DM B stated that in terms of serving temps, it's an individual preference. When asked if potatoes at 106 degrees Fahrenheit was acceptable, DM B stated it is for me.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to prepare food in accordance with professional standards for food service safety, resulting in the potential to spread food borne illness among all residents that consume food from the kitchen. Findings include: 04/12/2026 at 8:40 AM, the Ice machine located in the ice machine room next to the conference room was observed with a leak behind the machine. The floor was damp with water, and there was a black mold-like substance on the surface of the floor tiles. According to the 2022 FDA Food Code section 6-501.12 Cleaning, Frequency and Restrictions. (A)PHYSICAL FACILITIES shall be cleaned as often as necessary to keep them clean. On 04/12/2026 between 8:45 AM-9:30 AM, during an initial observation of the kitchen, the following items were observed: In the walk-in cooler, the floor was soiled and sticky. There was an undated pan of cut up pineapple chunks, an undated pan of mixed vegetables and an undated pan of chopped salad. When queried at that time, Manager-In-Training (MIT) T confirmed the items should have been dated and stated they would be discarded. According to the 2022 FDA Food Code section 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking. (A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under S 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, READY-TOEAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. (B) Except as specified in (E) -(G) of this section, refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than 24 hours, to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and: (1) The day the original container is opened in the FOOD ESTABLISHMENT shall be counted as Day 1; and (2) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on FOOD safety . In the dry storage room, there was a dented can of shredded sauerkraut and 2 dented cans of pumpkin on the rack of active stock of cans. When queried at that time, MIT T confirmed the dented cans should have been pulled out. There was food debris buildup on the top of several food containers and boxes. In addition, there was a black spotted mold-like substance on the surface of the over-head duct work, which was located directly above the rack of canned food goods. When queried about the black spotted substance on the over-head duct work on 04/12/2026 at 12:15 PM, Maintenance Director J was unsure what the substance was but stated they would clean it off right away. According to the 2022 FDA Food Code section 3-202.15 Package Integrity. FOOD packages shall be in good condition and protect the integrity of the contents so that the FOOD is not exposed to ADULTERATION or potential contaminants. Pf According to the 2022 FDA Food Code section 6-501.12 Cleaning, Frequency and Restrictions. (A)PHYSICAL FACILITIES shall be cleaned as often as necessary to keep them clean. At the cart washing area, there were cracked, broken floor tiles observed, and there was standing stagnant water pooled under the loose tiles and inside the wells of the missing tiles. There were several gnats observed flying about in the cart washing area. When queried about the broken tiles and standing water on 4/12/2026 at 11:50 AM, Dietary Manager B stated the broken tiles had been reported to Maintenance but provided no explanation for why the standing water had not been addressed. According to the 2022 FDA Food Code section 6-501.11 Repairing. PHYSICAL FACILITIES shall be maintained in good repair. According to the 2022 FDA Food Code section 6-501.111 Controlling Pests. The PREMISES shall be maintained free of insects, rodents, and other pests. The (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	presence of insects, rodents, and other pests shall be controlled to eliminate their presence on the PREMISES by: (A)Routinely inspecting incoming shipments of FOOD andsupplies;(B)Routinely inspecting the PREMISES for evidence of pests;(C)Using methods, if pests are found, such as trapping devicesor other means of pest control as specified under SS 7-202.12,7-206.12, and 7-206.13; and (D)Eliminating harborage conditions.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain a clean, comfortable, homelike environment for one (R45) of four residents reviewed for sanitary environment. Findings include: On 04/12/2026 at 9:33 AM, R45 was interviewed in their room sitting up in their wheelchair. As the interview concluded R45 transferred from their wheelchair to their bed and laid down. During further observation of the resident's room, it was noted the resident's wheelchair had a folded bed sheet laying over the seat cushion and the sheet had a large stain of what appeared to be liquid brown stool residue. Review of R45's facility record revealed they were admitted into the facility 11/04/24 with diagnoses that included adjustment disorder with Depressed Mood and Other Specified Disorder of the Brain. The Minimum Data Set (MDS) assessment dated [DATE] indicated the resident had intact cognition and required encouragement and assistance for completion of self-care activities. On 04/13/2026 at 8:54 AM, R45 was observed in bed sleeping. The resident's wheelchair still had the folded bed sheet with brown stool residue laying over the wheelchair seat cushion. A strong odor of urine was present in the room. R45 did not respond to verbal attempts to initiate an interview. At 1:53 PM, R45 was observed in bed and did not respond to verbal greetings. The soiled bed sheet remained in the wheelchair seat with the top layer of the sheet folded back covering a majority of the brown stool residue but leaving a portion still visible. The room continued to have a strong odor of urine. On 04/13/2026 at 3:26 PM, R45 was observed in bed. The resident did not respond to verbal greetings. The soiled bed sheet remained on the wheelchair seat cushion as before. The room continued to have strong odor of urine. Further observation of the room revealed a large puddle of dried urine on the far side of the bed between the bed and the wall. On 04/13/2026 at 3:55 PM, R45's room was observed along with the facility's Director of Nursing (DON). The soiled bed sheet remained in the wheelchair, and the presence of the urine/urine odor in the room since earlier that morning. The DON reported their expectation is the soiled wheelchair and the urine puddle should have been identified and removed/cleaned in a timelier manner. Review of the facility policy Safe and Homelike Environment dated 01/01/22 revealed the following entries: Housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly and comfortable environment.Sanitary includes, but is not limited to, preventing the spread of disease-causing organisms by keeping resident care equipment clean and properly stored. Resident care equipment includes, but is not limited to, equipment used in the completion of the activities of daily living.Minimize odors by disposing of soiled linens promptly and reporting lingering odors and bathrooms needing cleaning to Housekeeping Department.

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the dressing for a Peripherally Inserted Central Catheter (PICC) intravenous (IV) line was changed and dated timely for two residents (R169 and R171) of three residents whose IV sites were observed. Findings include: R169On 04/12/2026 at 11:11 AM, R169 was seated on their bed. R169 reported they had been receiving IV antibiotics daily through their right upper arm PICC line. The transparent dressing over the IV insertion site was soiled black around the edges and was peeling away from the skin at the lower inside edge. R169 was able to lift up the dressing with their fingers. The dressing was dated 03/23/26. A review of R169's record documented R169 had been admitted into the facility on [DATE]. R169 reported the PICC line had been inserted and dated at the hospital. On 04/14/2026 at 7:54 AM, the Director of Nursing (DON) reported PICC line dressings are to be assessed on admission and changed every 24 hours or 72 hours but would have to check the facility policy. R171On 04/14/2026 at 12:44 PM, R171 was observed wheeling themself backward down the hallway. A PICC line was observed in R171's left upper arm. The PICC line had a smaller (around three by three inches) transparent dressing over the insertion site. The dressing was not dated. Licensed Practical Nurse (LPN) A reported the dressings are dated when changed. A review of the facility policy titled, Dressing Change for Vascular Access Devices dated August 2021, revealed, Purpose: To prevent local and systemic infection related to the IV catheter . Central Venous access device and midline dressings changes will be done at established intervals and immediately if the if the dressing is compromised . transparent semi-permeable membrane dressings are changed every seven days and (as needed) PRN . A dressing is changed immediately if non-occlusive or soiled .

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review, the facility failed to ensure biologicals were dated when opened and expired medications were discarded in five of six medication carts. Findings include: On 04/13/2026 at 5:58 AM, the biologicals in the 400 hall front medication cart were reviewed with Registered Nurse (RN) C an over-the-counter bottle of meclizine (for motion sickness) with a date opened of 08/10/25 had an expiration date of 01/2026. On 04/13/2026 at 8:37 AM, the biologicals in the 100 hall medication cart were reviewed with RN G. An Anoro (umeclidinium and vilanterol inhalation powder) inhaler for R1 did not have a resident identifier on the inhaler. On 04/13/2026 at 9:05 AM, the biologicals in the 500 hall medication cart were reviewed with Licensed Practical Nurse (LPN) F, an Advair 250/50 9salmeterol/fluticasone inhaler for R213 was not labeled with the name and date opened on the inhaler and a Trelegy inhaler was not dated when opened on the inhalerOn 04/13/2026 at 9:25 AM, the biologicals in the 600 hall medication cart were reviewed with LPN E. A latanoprost eye drops vial for R137 was not dated when opened and two Humalog insulins for R37 were not dated when opened and the blood glucose test strips were not dated when opened.On 04/13/2026 at 10:11 AM, the biologicals in the 400 hall back cart were reviewed with RN D. Two opened glargine insulin pens for R58 were not dated when opened; An glargine insulin pen for R197 was not dated when opened; A glargine insulin pen for R168 was not dated when opened, and the blood glucose test strips were not dated when opened. On 04/14/2026 at 7:54 AM, the Director of Nursing (DON) reported medications carts are to be checked daily by the nurses, and unit managers once or twice a week, and would have to check with the pharmacy and facility policy about label and dating standards. A review of the facility policy titled Medication Storage with reviewed/revised date of 01/30/2024 revealed, Policy: It is the policy of this facility to ensure all medications housed on our premises will be stored according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security.A review of the prescribing/consumer information for the Anoro (umeclidinium and vilanterol inhalation powder) inhaler revealed, .should be stored inside the unopened moisture-protective foil tray and only removed from the tray immediately before initial use. Discard 6 weeks after opening the foil tray or when the counter reads 0 (after all blisters have been used), whichever comes first. Write the date you open the tray on the label on the inhaler .A review of the prescribing/consumer information for the Advair (salmeterol/fluticasone powder) inhaler revealed, .Safely throw away in the trash 1 month after you open the foil pouch or when the counter reads 0, whichever comes first .A review of the prescribing/consumer information for the Trelegy (fluticasone furoate, umeclidinium, vilanterol inhalation powder) inhaler revealed, .Safely throw away in the trash 6 weeks after you open the tray or when the counter reads 0, whichever comes first. Write the date you open the tray on the label on the inhaler .A review of the glargine insulin pen consumer information on drugs.com revealed, .Store the injection pen at room temperature (do not refrigerate) and use within 28 days . A review of the latanoprost eye drops consumer information on drugs.com revealed, .In-use latanoprost ophthalmic is stable for only a certain number of days or weeks. Throw away any medicine not used within that time .

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain a sanitary tube feeding pole for one (R191) resident of three residents reviewed for environmental concerns. Findings include:On 04/12/2026 at 1:36 PM, R191 was observed in bed and was not responsive to verbal greetings. The resident's tube feeding pole and base of the pole was caked with a dried beige substance. A review of the facility record for R191 revealed they were admitted into the facility on [DATE] with diagnoses that included Gastrostomy Status (requiring nutrition via tube feeding). The Minimum Data Set (MDS) assessment dated [DATE] indicated R191 required total assistance for completion of self-care activities and the resident's cognition was severely impaired. On 04/14/2026 at 10:01 AM, R191 was observed in bed. They were alert and able to acknowledge the surveyor with head and eye movements but not able to answer interview questions. The tube feeding pole was observed to be in the same condition with a dried beige substance as observed the previous day. On 04/14/2026 at 12:34 PM, R191 was observed in bed with the facility Director of Nursing (DON) present. The DON observed the build-up of dried beige substance on the base of the tube feeding pole. The DON reported the expectation is the tube feeding pole would be kept clean and not be left in the currently observed condition and said any staff noticing the residue would be expected to clean it whether they are nursing or housekeeping staff.A review of the facility policy Safe and Homelike Environment dated 01/01/22 revealed the following entries: Housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly and comfortable environment.Sanitary includes, but is not limited to, preventing the spread of disease-causing organisms by keeping resident care equipment clean and properly stored. Resident care equipment includes, but is not limited to, equipment used in the completion of the activities of daily living.