Printed: 09/27/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Kalamazoo	1701 S 11th St Kalamazoo, MI 49009

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 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41424 Based on interview and record review the facility failed to provide timely notification to a representative of the Office of the State Long-Term Care Ombudsman for emergency transfer and written notice of transfer for 2 of 2 residents (Resident #2 and #9) reviewed for notification of transfers for hospitalization , resulting in the potential for residents being inappropriately discharged , residents left without an advocate to inform them of their rights, and for the Office of the State Long-Term Care Ombudsman to be unaware of the facilities practices related to transfers and discharges. Findings include: Resident #2: Review of Nurses' Notes dated 12/17/2023 at 3:31 PM, revealed, .Resident is seen sitting on his bed when passing by, resident appears very pale. Resident states where am I? Resident questions why he is here, how he arrived, where he came from. Resident is visibly upset. Vital signs taken- 117/76, pulse 98, respirations 18, temp 98.7, and PSO2 varies from 68-77%. Per NP .- administer oxygen to keep resident >90%, obtain CXR for hypoxia. Resident placed on O2 at 2 L and continues to stat in low 80's. Resident finally reaches 90% when placed on 3L. Resident is advised to rest, use call light when/if he needs to get up and keep O2 on. Resident is then found on floor at 10:45a, having tried to get up on his own he slid to his bottom. see incident report. Resident at this time is noted to have nasal cannula off, its laying on the floor. O2 sat is 77%. Resident is again reminded to keep O2 on, and use call light for assistance. At 11:40 resident is observed up in his electric wheelchair, in the hallway on the phone. Resident again asks where he is, what city, what time of day it is. Resident again assisted with O2. On call provider contacted regarding fall- UA ordered . Review of Resident #2's medical record revealed, Resident was out at the hospital from 12/17/23 to 12/21/23. Review of Pertinent Charting-Infections/Signs Symptoms dated 12/21/2023 at 3:20 PM, revealed, .Event Date: 12/21/2023: Site of infection: PNEUMONIA: Reason on antibiotics/new signs & symptoms: admitted from (Local Hospital) on ABT (antibiotic) for PNEUMONIA and DIVERTICULITIS OF INTESTINE . Intervention(s): Oxygen 2L (liters) NC (nasal cannula), increase fluids .Precautions followed: Standard . Resident #9: (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 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Nurses' Notes dated 1/14/2024 at 12:31 PM, revealed, .This RN went to resident's room to check in and discuss going to the ER d/t being weak, lethargic, too weak to stand on her own. Resident states I don't need to go to the hospital, I'm already feeling better. This RN informed resident about her vitals and that it looks like she has an infection she is fighting. Resident states I know I probably and infection, it might be my urine, but I' don't need to be seen. Asked if she had any dysuria, burning, increased frequency. Resident stated she had not symptoms. Still recommended going to the ER to make sure. Resident still refused. Resident stated she will inform staff if she starts to feel worse. Will cont. to monitor . Review of Nurses' Notes dated 1/14/2024 at 2:46 PM, revealed, .Obtained urine sample using [NAME] procedure. Resident tolerated well. Spoke with (staff at shipping facility) regarding pickup scheduled for 1/15/2024 . Review of Nurses' Notes dated 1/14/2024 at 1:12 PM, revealed, .Resident noted to have increased weakness, stated she was unable to transfer to the commode and refused the bed pan. Vitals 120/48 130 20 110.7 and blood sugar 398. Notified on NP (nurse practitioner), new order to send to ER (emergency room) for eval and treatment. Resident refused to be transferred. Notified NP, new order for CBC, CMP, and UA with C and S. Residents COVID test was negative. Resident informed of new orders . Review of Pertinent Charting-Infections/Signs Symptoms dated 1/22/2024 at 11:18 AM, revealed, .Event Date: 01/15/2024: Site of originally identified infection: sepsis (life threatening complication of infection), . Resident continues on PO Bactrim for sepsis. No s/s of adverse reaction observed or reported . Review of the medical record for Resident #9 revealed, resident went to the hospital on 1/15/24 and returned on 1/18/24. In an interview on 08/01/24 at 10:18 AM, Social Services O reported she does not keep track of or report the emergent transfers to the Ombudsman. In an interview on 08/01/24 at 10:31 AM, Medical Records (MR) G reported the nurses were the ones to follow up with the resident and/or representative for the completion of the documents. Review of electronic correspondence provided by the State Long Term Care Ombudsman dated 7/24/24, revealed the facility was not sending the emergent transfer notices to the local Ombudsman. In an interview on 08/01/24 at 10:38 AM, Unit Manager (UM) L reported if a person was their own person and not an emergent transfer, staff would review the bed hold policy and have them sign if they were able, if it was an emergent transfer it would be sent with the resident. If the resident was not their own person, the facility would contact the representative by phone and review the bed hold policy. After that discussion, if they were unable to come to the facility the nurse would make note on the bed hold and transfer notice of their discussion with the representative. UM L reported the nurse would document in a progress note in the medical record the bed hold and transfer was reviewed. UM L reported both would need to be signed and then scanned into the medical record. (continued on next page)

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F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Transfer Notice (Resident Expected to Return revealed, .Copies of this notice will be sent to the State Long-Term Care Ombudsman as soon as practicable, but no later than 30 days from the date of Transfer .For any questions, please call the Administrator of the Facility at (telephone number) .

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F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. 41424 Based on interview and record review, the facility failed to provide written notification of the facility bed hold policy upon discharge to an acute care hospital for 2 of 2 residents (Resident #2 and #9) reviewed for bed hold, resulting in possible unanticipated expense or the loss of desired room placement in the facility. Findings include: Resident #2: Review of Nurses' Notes dated 12/17/2023 at 3:31 PM, revealed, .Resident is seen sitting on his bed when passing by, resident appears very pale. Resident states where am I? Resident questions why he is here, how he arrived, where he came from. Resident is visibly upset. Vital signs taken- 117/76, pulse 98, respirations 18, temp 98.7, and PSO2 varies from 68-77%. Per NP . - administer oxygen to keep resident >90%, obtain CXR for hypoxia. Resident placed on O2 at 2 L and continues to stat in low 80's. Resident finally reaches 90% when placed on 3L. Resident is advised to rest, use call light when/if he needs to get up and keep O2 on. Resident is then found on floor at 10:45a, having tried to get up on his own he slid to his bottom. see incident report. Resident at this time is noted to have nasal cannula off, its laying on the floor. O2 sat is 77%. Resident is again reminded to keep O2 on, and use call light for assistance. At 11:40 resident is observed up in his electric wheelchair, in the hallway on the phone. Resident again asks where he is, what city, what time of day it is. Resident again assisted with O2. On call provider contacted regarding fall- UA ordered . Review of Resident #2's medical record revealed, Resident was out at the hospital from 12/17/23 to 12/21/23. Resident #9: Review of Nurses' Notes dated 1/14/2024 at 12:31 PM, revealed, .This RN went to resident's room to check in and discuss going to the ER d/t (due to) being weak, lethargic, too weak to stand on her own. Resident states I don't need to go to the hospital, I'm already feeling better. This RN informed resident about her vitals and that it looks like she has an infection she is fighting. Resident states I know I probably and infection, it might be my urine, but I' don't need to be seen. Asked if she had any dysuria, burning, increased frequency. Resident stated she had not symptoms. Still recommended going to the ER to make sure. Resident still refused. Resident stated she will inform staff if she starts to feel worse. Will cont. to monitor . Review of Nurses' Notes dated 1/14/2024 at 1:12 PM, revealed, .Resident noted to have increased weakness, stated she was unable to transfer to the commode and refused the bed pan. Vitals 120/48 130 20 110.7 and blood sugar 398. Notified on NP (nurse practitioner), new order to send to ER (emergency room) for eval and treatment. Resident refused to be transferred. Notified NP, new order for CBC, CMP, and UA with C and S. Residents COVID test was negative. Resident informed of new orders . (continued on next page)

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F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the medical record for Resident #9 revealed, resident went to the hospital on 1/15/24 and returned on 1/18/24. In an interview on 7/31/24 at 1:45 PM, Medical Records G reported they do not have the signed bed holds or the transfer notices for the residents when they were sent out to the hospital. The nurses should have made a call to the family about the bed hold. Medical Records G reported there was a packet kept at the nurse's station and would have been sent with the resident to the hospital. In an interview on 08/01/24 at 10:38 AM, Unit Manager (UM) L reported if a person was their own person and not an emergent transfer, staff would review the bed hold policy and have them sign if they were able, if it was an emergent transfer it would be sent with the resident. If the resident was not their own person, the facility would contact the representative by phone and review the bed hold policy. After that discussion, if they were unable to come to the facility the nurse would make note on the bed hold and transfer notice of their discussion with the representative. UM L reported the nurse would document in a progress note in the medical record the bed hold and transfer was reviewed. UM L reported both would need to be signed and then scanned into the medical record. Review of Notice of Bed Hold Policy revealed, .A bed hold means the Center shall not allow another resident to occupy your bed while you are temporarily away from the Center (either due to hospitalization or therapeutic leave) and shall return you to that bed when you return to the Center .The Center will hold your bed upon your request, subject to the following conditions: For private pay residents, we will hold your bed at our daily room and board rate for the number of days you request. If you are unsure of the number of days, we will hold your bed until you notify us to stop .For residents receiving Medicaid, the Michigan Department of Health and Human Services provides the following: HOSPITAL TRANSFERS: Bed holds shall be paid for a maximum of ten days only when the facility's total available bed occupancy is at 98 percent or more on the day the resident leaves the facility. There is no limit to the number of hospital leave days per resident as long as there are no more than ten consecutive leave days per hospital stay .THERAPEUTIC Leave: Therapeutic leave days are limited to a total of eighteen days during a 365-day period .

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46999 Based on interview and record review, the facility failed to ensure that residents with a history of trauma received trauma informed care for 1 (Resident #4) of 12 sampled residents resulting in the potential for exposure to trauma triggers and re-traumatization. Findings include: .According to the National Institute on Mental Health, 2019, PTSD is a disorder that some people develop after experiencing a shocking, scary, or dangerous event. It is natural to feel afraid during and after a traumatic situation. This fear triggers many split-second changes in the body to respond to danger and help a person avoid danger in the future. The fight or flight response is typical reaction meant to protect a person from harm. Nearly everyone will experience a range of reactions after trauma, yet most people will recover from those symptoms naturally. Those who continue to experience problems may be diagnosed with PTSD (Post Traumatic Stress Disorder). People who have PTSD may feel stressed or frightened even when they are no longer in danger . https://www.nimh.nih.gov/health/publications/post -traumatic-stress-disorder-ptsd/ptsd-508-0517201. Review of an Admission Record revealed Resident #4, was originally admitted to the facility on [DATE] with pertinent diagnoses which included: schizophrenia, anxiety disorder, and major depressive disorder, recurrent severe without psychotic features. Review of a Minimum Data Set (MDS) assessment for Resident #4, with a reference date of 1/16/24, revealed a Brief Interview for Mental Status (BIMS) score of 11/15 which indicated Resident #4 was moderately cognitively impaired. Section D of the MDS revealed Resident #4 experienced feeling down, depressed, or hopeless during 2-6 days of the 14-day assessment period. Review of a Care Plan for Resident #4, with a reference date of 9/21/23, revealed a focus/goal/interventions of: Resident is at risk for/has an impaired mood/psychiatric status related to dxs (diagnoses) (sic) of schizophrenia and anxiety. Goal: Resident will have reduced complications related to altered mood/psychiatric status through the next review. Interventions: . Behavioral health consults as needed (psycho-geriatric team, psychiatrist, etc.) .Provide a calm, safe environment when resident is emotional and frustrated, and allow time to voice feelings . Review of a Social Services Progress Review with a reference date of 7/15/24 section E, Trauma Informed Care revealed Resident #4 was assessed as not having a diagnosis of post traumatic stress disorder (PTSD), and never experienced physical or sexual assault/abuse. Review of a Behavioral Health Progress Note with a reference date of 6/18/24 revealed Resident #4 was referred to the contractual behavioral health provider for concerns of depression and suicidal ideation. A section titled history of psychiatric illness revealed: Resident's mental health history prior to admission is unknown. Psychiatric diagnoses listed in the note included: anxiety/depression, schizoaffective disorder, bipolar type, schizo-affective, psychosis, and substance abuse history. (continued on next page)

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of a Comprehensive Level II Evaluation for Resident #4, with a reference date of 9/19/17, section 4 revealed DSM (Diagnostic and Statistical Manual of Mental Disorders) Diagnoses: AXIS 1 .Post Traumatic Stress Disorder . Section D History of Presenting Problems revealed . Affective Domain: (Resident #4, name omitted) reported .she was physically and sexually assaulted as a child .witnessed domestic violence .in 2005 was taken at gunpoint for three days and .raped .again assaulted by 2014 by a friend . (Resident #4's, name omitted) ability to form emotional relationships has been severely negatively impacted . In an interview on 7/31/24, at 11:39am, Social Services Director (SSD) O reported she coordinated services to support each resident's psychosocial wellbeing. SSD O reported during the assessment process she gathered information from residents, family members, and the comprehensive level II evaluations to identify each residents needs. SSD O reported she also completed referral intake documentation that outlined a resident's mental health history and psychosocial issues when a resident needed behavioral health services. When further queried about Resident #4's needs related to a history of trauma, SSD O reported to her knowledge, the resident did not have a diagnosis of post-traumatic stress disorder, or a history of trauma related to physical or sexual assault. In an interview on 7/31/24 at 1:46pm, Clinical Social Worker (SW) X reported she provided contractual mental health services for Resident #4. When queried about how the clinician generally obtained a resident's psychiatric history, SW X declined to answer but reported she received a referral for services from SSD O and that she and SSD O collaborated to determine a resident's needs. In an interview on 8/1/24 at 8:53am, Certified Nursing Assistant (CNA) K reported she was not aware Resident #4 had a history of trauma or a diagnosis of post-traumatic stress disorder. CNA K reported the resident did become upset at and times and would blurt out I want to die. In an interview on 8/1/24 at 9:31am, Certified Nursing Assistant (CNA) E reported she was not aware Resident #4 had a history of trauma or a diagnosis of post-traumatic stress disorder. CNA E reported she heard Resident #4 talk about bad things that happened to her during her life and the resident reflected on being mistreated by a male in the past. In an interview on 8/1/24 at 11:36am, Director of Nursing (DON) B reported upon review of Resident #4's Comprehensive Level II Evaluation she determined the resident did have a history of trauma and a diagnosis of post-traumatic stress disorder. Review of the facility's policy, Trauma Informed Care with a reference date of 10/23/23 revealed the definitions: Trauma is .an event experienced by an individual as harmful or life threatening .common sources of trauma may include .physical, emotional, or sexual abuse at any age .rape .trauma informed care is a . framework that involves understanding, recognizing and responding to the effects of all types of traumas.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46999 Based on observation, interview, and record review, the facility failed to maintain sanitary conditions in the kitchen, resulting in the potential to spread food borne illness to all residents that consume food from the kitchen. Findings include: During an initial kitchen tour on [DATE] at 8:43am, the reach in refrigerator contained the following expired food items: a container of sour cream with a use by date of [DATE], 2 ham sandwiches in plastic bags with use by date of [DATE], and 3, 8 count packages of hamburger buns with use by date of [DATE]. 1 package of hot dog buns dated [DATE] was present with no use by date, upon examination, the hot dog buns were hard to the touch. During the initial kitchen tour on [DATE] at 8:47am, the reach in freezer in the main kitchen area contained a 3-gallon container of vanilla ice cream that had a torn and damaged cardboard lid placed on top of the opening. The lid had a torn opening across it and did not seal the container, which resulted in an opportunity for the food inside to become contaminated. During the initial kitchen tour on [DATE] at 8:56am, the reach in freezer in the dry storage room contained 3 large packages of hoagie style buns that were beyond their expiration date. During an observation on [DATE] at 8:59am, a large bag of fish batter in a paper-based manufacturers bag sat on a shelf with the opened top exposed. The unsealed opening created an opportunity for contamination and exposure to pests. In an interview on [DATE] at 9:06am, Dietary Director (DD) J reported any food that was not properly labeled, dated, and/or stored could pose a threat for the spread of food borne illness. DD J reported food should be stored in sealed containers. DD J reported the food identified as a concern during the initial kitchen tour would be disposed of immediately. 38905 During a tour of the kitchen, at 8:30 AM on [DATE], it was found that a box of nutritional shakes were in the bottom of the reach in refrigerator. The box of shakes was ,d+[DATE] full, with no date to indicate discard of the items. A review of the manufactures label states the shakes are good for 14 days after thaw. (continued on next page)

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During a tour of the dining room refrigerator, with Registered Dietitian W, at 9:25 AM on [DATE], it was observed that multiple items were not dated or held passed their discard date, the following items were observed: an un opened box container of a dozen yogurts with a best by date of [DATE], an open container of thickened pomegranate juice with no date to indicate discard (item states its good for 7 days), a container of a dozen raw shell eggs looking to have come from a home source and not an approved vendor (some eggs cracked and open in case), a plastic container of cut pineapple with a sell by date of [DATE], two deli sandwiches dated ,d+[DATE]-,d+[DATE], and a container of ranch dressing with a best by date of [DATE]. When asked how often the unit should get checked, Dietitian W stated it should get done daily, but I am newer to the facility. According to the 2017 FDA Food Code section ,d+[DATE].11 Packaged and Unpackaged Food -Separation, Packaging, and Segregation. (A) FOOD shall be protected from cross contamination by: (1) Except as specified in (1)(d) below, separating raw animal FOODS during storage, preparation, holding, and display from: (a) Raw READY-TO-EAT FOOD including other raw animal FOOD such as FISH for sushi or MOLLUSCAN SHELLFISH, or other raw READY-TO-EAT FOOD such as fruits and vegetables,(b) Cooked READY-TO-EAT FOOD . According to the 2017 FDA Food Code section ,d+[DATE].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 ,d+[DATE].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 . According to the 2017 FDA Food Code section ,d+[DATE].18 Ready-to-Eat, Time/Temperature Control for Safety Food, Disposition. (A) A FOOD specified in ,d+[DATE].17(A) or (B) shall be discarded if it: (1) Exceeds the temperature and time combination specified in ,d+[DATE].17(A), except time that the product is frozen; (2) Is in a container or PACKAGE that does not bear a date or day; or (3) Is inappropriately marked with a date or day that exceeds a temperature and time combination as specified in 3501.17(A) . During a revisit of the kitchen, at 8:45 AM on [DATE], it was observed that the top gaskets of the two-door victory cooler were found with an accumulation of black debris. Debris could be wiped off when a wiping cloth was run through the surface. During a revisit of the kitchen, at 8:50 AM on [DATE], it was observed that the top portion of the gasket on the two door delfield freezer was found with an accumulation of black debris that was able to be wiped away. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During a tour of the dining room refrigeration unit, at 9:27 AM on [DATE], it was found that accumulation of staining and spilling was evident in the unit. A red sticky spot was observed on the bottom shelf. According to the 2017 FDA Food Code section ,d+[DATE].11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris. During a tour of the cook line, at 11:30 AM on [DATE], it was observed that a 14-inch sauce pan and a 12 inch sauce pan was found with excess carbon build up on the inside cooking surface. Accumulation of excess carbon was evident. According to the 2017 FDA Food Code section ,d+[DATE].11 Good Repair and Proper Adjustment. (A) EQUIPMENT shall be maintained in a state of repair and condition that meets the requirements specified under Parts ,d+[DATE] and ,d+[DATE].

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235282	A. Building B. Wing	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Kalamazoo	1701 S 11th St Kalamazoo, MI 49009

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 46999 Based on observation, interview, and record review the facility failed to ensure infection control practices were maintained for 2 (Resident #38 and Resident #191) of 2 residents reviewed for catheter care, resulting in the catheter bag and/or tubing being left on the floor and an increased risk of cross contamination and infection. Findings include: Review of Guidelines for Prevention of Catheter-Associated Urinary Tract Infections, Infection Control, 3/25/24, https://www.cdc.gov/infection-control/hcp/cauti/summary-of-recommendations.html, revealed Summary of Recommendations .III. Proper Techniques for Urinary Catheter Maintenance: Recommendation III.B.2, Keep the collecting bag below the level of the bladder . Do not rest the bag on the floor. Resident #38 Review of a Care Plan for Resident # 38, with a reference date of 7/8/24, revealed a focus/goal/interventions: Focus: Resident has an alteration in elimination related to renal insufficiency; urinary retention, admitted with a Foley Catheter, Goal: Resident will show no signs/symptoms of UTI's through the next review. Interventions: Assist resident with Foley catheter care as needed, keep tubing free of kinks, maintain drainage bad below the bladder level, privacy cover to drainage bag. Review of a list of medical diagnoses for Resident #38 revealed the resident was diagnosed with a urinary tract infection on 7/8/24. During an observation on 7/30/24 at 9:51am, Resident #38 slept in his bed. The urinary catheter bag rested on the floor on the right side of his bed. During an observation on 7/31/24 at 1:14pm, Resident #38 slept in his bed. The urinary catheter bag rested on the floor to the right of his bed. Resident #191 Review of a Care Plan for Resident #191, with a reference date of 7/25/24, revealed a focus/goal/interventions: Resident has a need for indwelling catheter related to Benign Prostatic Hypertrophy (BPH)secondary to obstructive uropathy. Goal: Resident will have reduced catheter-related complications . Interventions: Assist resident with indwelling catheter care as needed. During an observation on 7/30/24 at 11:10am, Resident #191's catheter bag rested on the floor on the left side of his bed. During an observation on 7/31/24 at 1:20pm, the tubing for Resident #191's catheter rested on the floor on the right side of his bed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Kalamazoo	1701 S 11th St Kalamazoo, MI 49009

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 8/1/24 at 9:31am, Certified Nursing Assistant (CNA) E reported for infection prevention, it was important to ensure the resident's catheter bag did not touch or lay on the floor. In an interview on 8/1/24 at 11:06am, Licensed Practical Nurse (LPN) V reported a resident's catheter bag, privacy bag, and/or tubing should not touch or rest on the floor due to the risk of potential cross contamination. In an interview on 8/1/24 at 11:36am, Director of Nursing (DON) B reported if a resident's catheter bag, privacy bag, or tubing touched the floor, it could increase the risk of cross contamination and infection.