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	07/09/2025

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Medilodge of Kalamazoo	1701 S 11th Street Kalamazoo, MI 49009

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. (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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	This citation pertains to intake 2590016.Based on interview and record review the facility failed to ensure the designated resident representative was notified of changes for 1 (Resident #501) of 3 residents reviewed for notification of changes resulting in a resident representative being unaware of x-ray results and falls, a resident representative experienced the feeling of uncertainty of how their family member was being cared for at the facility, and the potential for resident representatives to be unable to make timely care decisions. Findings include:Review of Resident #501's admission record, print date 8/20/25, revealed Resident #501 had diagnoses of senile (exhibiting a decline of cognitive abilities) degeneration of brain, dementia (decline in cognitive function), unspecified psychosis (trouble telling the difference between what's real and what's not), cognitive communication deficit, muscle weakness, anxiety, disorientation, and falls. Resident Representative M was listed first under Resident #501's Contacts indicating he was Resident #501's Responsible Party-Financial.Responsible Party - Clinical.POA (Power of Attorney) - Medical (Activated). Emergency Contact #1. Review of Resident #501's most recent brief interview for mental status, dated 7/30/25, was scored 6 which reflected severe cognitive impairment.During an interview on 8/18/25 at 9:59 AM, Resident #501's activated Resident Representative (RR) (resident's responsible person/party) M reported he was not notified of all falls and x-ray results by the facility. RR M reported he was uncertain of how many falls his father (Resident #501) had because he wasn't always contacted. RR M reported he was notified of the fall on 7/21/25 and on 7/22/25 he was told the facility had found a contusion (bruise) on his knee. RR M reported he wasn't notified of x-ray results of the right knee. RR M reported the hospice company (not the facility) called him on 7/25/25 at 7:15 AM to tell him about Resident #501's broken femur stating that was the first he had heard of the fracture. RR M confirmed he learned of the fracture from hospice and not the facility. RR M reported he called the facility and questioned them about their protocol for contacting representatives if a person had a broken bone, informed the facility they hadn't informed him of the fracture, but instead hospice did. RR M reported he expected a call from the facility in addition to hospice. During an interview on 8/20/25 at 10:30 AM, Resident #501's Resident Representative M reported he didn't know if there was an issue if the facility didn't tell him. RR M reported he didn't like not knowing what was going on with his father (Resident #501) and wanted updates so he would know what was going on with his father. RR M reported he wasn't immediately notified of the fall on 7/27/25 by the facility.During an interview on 8/18/25 at 12:50 PM, Nursing Home Administrator (NHA) A confirmed the facility failed to communicate all changes in condition, falls, and x-rays to Resident #501's Resident Representative M and hospice had reported the x-ray result (The x-ray showing a broken bone was completed on 7/24/25 and communicated to Resident Representative M by hospice and not the facility on 7/25/25) that showed a fracture and not the facility themselves. NHA A reported the responsible party should always be called after a fall even if it was in the middle of the night and the facility staff should make immediate notification to the resident representative. When discussing if there were any notes to indicate Resident #501's family wanted hospice to notify them instead of the facility NHA A stated, Not that I'm aware of. No documentation was provided by the end of the survey that indicated hospice should contact Resident Representative M instead of the facility.Review of Resident #501's fall timeline, undated, revealed on 7/22/25 at 11:49 PM the facility's medical doctor was notified of right knee x-ray results, but Resident #501's Resident Representative (RR) M was not. The timeline revealed that on 7/24/25 at 3:04 PM an x-ray showed a fracture of the left femur bone and Resident #501's RR M was not made aware that day. The timeline also indicated RR M was not contacted on 7/27/25 after a fall at 3:25 AM but instead hospice was.Review of Resident #501's Un-witnessed Fall report, dated 7/27/25, stated, Resident was found by aide crouched up on the floor mat right next to his (Resident #501) bed.Agencies/People Notified.Administrator.DON/On Call Nurse.Hospice.Physician. Resident #501's responsible party was not contacted or documented as having been contacted after the fall.Review of Registered Nurse (RN) T's Teachable Moment (an employee write-up), stated, .Date of Incident: 07/27/25. Concern: (RN T) did not notify responsible party of a fall.responsible party must be notified. This was regarding Resident #501's unwitnessed fall on 7/27/25.Review of Resident #501's radiology (imaging such as x-ray) record indicated x-rays were obtained for the right knee on 7/22/2025 (results available/reported 7/23/25 at 1:24 AM) and right hip on 7/24/25 (results available/reported 7/24/25 at 5:44 PM).Review of Resident #501's progress note, dated 7/22/25, stated, Xray on res (resident) R (right) knee was completed at 2345 (23:45:11:45PM). No available information indicated Resident #501's Resident Representative M was

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. (continued on next page)

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F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to support meaningful involvement in activities of choice, for 1 (Resident #14) of 12 residents reviewed for meaningful activities resulting in the potential for feelings of boredom, loneliness, and unmet psychosocial needs. Findings include:Review of an admission Record revealed Resident #14 was a female who originally admitted to the facility on [DATE] and had pertinent diagnoses which included: Alzheimer's disease, anxiety disorder, major depressive disorder, and unspecified dementia, unspecified severity without behavioral disturbances, psychotic disturbance, mood disturbance and anxiety.Review of a Minimum Data Set (MDS) assessment for Resident #14, with a reference date of 6/2/2025 revealed a Brief Interview for Mental Status (BIMS) assessment should not be conducted due to Resident #14 is rarely/never understood and Resident #14 has memory problems, Resident #14 cognitive skills for daily decision making are 3. Severely impaired-never/rarely made decisions. Resident #14 was severely cognitively impaired.On 7/7/25 at 10:07 am, 11:31 am, 2:38pm, and 7/8/25 at 2:12 pm, Resident #14 was observed sitting in a Broda chair (a high back reclining wheelchair) in what the facility refers to as a sensory room. The sensory room was dark with the blinds closed, it was quiet with no sounds, and an essential oil diffuser (used for aromatherapy) was on the table, not on. Resident #14 was alone in the room at each observation. During an observation and interview on 7/7/25 at 10:07 am, Resident #14 was reclined in her Broda chair, in the sensory room, and Resident #14 was fidgeting with her blanket in her lap. The room was dark, quiet, and Resident #14 was alone. Resident #14 was unable to engage in meaningful conversation and only responded with one-word answers that were not appropriate to the conversation, Resident #14 did respond when spoke to. Resident #14 did not express any noted emotions and appeared stoic and unengaged. During this observation, Director of Nursing (DON) B approached this surveyor and stated, Resident #14 loves to be in the [NAME] room. Review of Care Plan for Resident #14 revealed .Focus . Resident is at risk for altered activity patterns/pursuits related to decline in health status comfort care. Initiated on 9/12/2023 revision on 6/7/2024 . Goal . Resident will accept/interact with others during 1:1 visits for stimulation through the next review as tolerated. Initiated on 9/12/2023 revision on 9/23/2024 . Resident will participate in leisure interests in a group setting for stimulation at lease weekly as tolerated through the next review. Initiated on 7/1/2024 revision on 9/23/2024 . Interventions .1:1 visits from staff and volunteers .sensory stimulation, aromatherapy, being read to from the bible, set up with religious music. Initiated on 9/12/2023 revised on 12/14/2023 .allow resident to make choices/decisions about their preferred activity pursuits initiated 9/12/2023 .Encourage to attend and participate in activity programs at highest functioning level and provide cues/adaptations as needed initiated 9/12/2023 .Involve resident in simple/structured activities with cues/adaptations initiated 9/12/2023 .Offer and encourage resident to accept supplies from the activity cart as desired throughout the day for independent pursuits initiated 9/12/2023 . Resident enjoys music: religious, hymns initiated 9/12/2023, revision 12/14/2023 . Resident's preferred activities are: family visits from her son (Name Omitted), enjoys listening to religious music/hymns or Elvis, pet visits, aromatherapy, being read to from the Bible (used to teach Sunday school) initiated on 9/12/2023 revision on 12/27/2024 .Focus .Resident has an ADL self-care performance deficit related to dementia . dressing: total dependence .eating: dependent on staff .personal hygiene: total dependence .transfers: Hoyer . all initiated 9/12/2023 .Focus . Resident has behaviors as evidenced by resist feedings at time and she also performs acrobatics in her chair and bed occasionally .Interventions .approach resident in a calm manner to avoid frustration and behavior escalation initiated 9/12/2023 .Focus . Resident is at risk for/has an impaired mood/psychiatric status related to dx of major depression and anxiety .Goal . will remain free of signs and symptoms of distress depression, anxiety .Interventions . encourage participation in activities .provide a calm safe environment when resident is emotional and frustrated .resident is calmed by playing religious music . all initiated 9/12/2023 .Focus: Resident has visual impairment .has eyes closed most of the time . Intervention: Announce yourself when entering the resident's room/spaceIn an observation on 7/8/25 at 10:38 am, Resident #14 was in her Broda chair, reclined, in the sensory room with two other residents. One resident was yelling out and each time the resident yelled, Resident #14 was observed flinching demonstrating a physical reaction to the yelling. Resident #14 would verbally respond to the other resident who was yelling with a single word. Neither resident was engaging in a meaningful conversation with the other.In an observation and interview on 7/8/25 at 11:39 am, Certified Nurse Assistant (CNA) C was

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. (continued on next page)

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F 0686 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide positioning for the prevention of pressure wounds in 1 (R1) of 4 residents reviewed for pressure wounds resulting in the development of a pressure wound. Findings include:According to the Minimum Data Set (MDS) dated [DATE], R1 was unable to complete her BIMS (Brief Interview Mental Status) indicating she was severely cognitively impaired. Her diagnoses included traumatic brain injury (TBI), quadriplegia (paralyzed in all four limbs), and contractures. Section GG-Functional Ability and Goals revealed R1 was dependent for all cares including mobility and positioning. Section M-Skin Conditions revealed R1 was at risk for pressure ulcers/wounds. Observed on 7/7/25 at 2:18 PM, R1 in bed lying on her back. Both legs contracted (pulled up) with knees rubbing/resting together with her heels resting directly on the bed. No wedges or padding underneath her heels, knees, or back to position and off-load her from bony prominences. Two leg braces were on a dresser top. During an observation and interview 7/8/25 at 2:41 PM, R1 was awake in bed with her torso (body) flat on her back and her hips and both legs positioned to her left. No pillows or wedges were being used for positioning or off-loading. Two leg braces were on a dresser top. Registered Nurse (RN) E was providing R1 care. Observed with the RN E, R1's left outer thigh to have a red area with a darker red/purple area in the middle. R1's outer left calf to have a red area with a nickel-sized open area. Underneath the left calf was a blanket with the corner piece directly under the left calf approximately the same size as the open area. RN E stated, The round area looks to be open. There was no pillow or wedge under (R1's) legs or buttocks to off-load. I think Therapy has ordered (R1) something to use but it has not come yet. During an observation and interview on 7/9/25 at 8:25 AM, Certified Nursing Assistant (CNA) V was providing cares for R1 who was dressed including leggings and in her Broda chair (type of high-backed wheelchair). CNA V stated, (R1) was dressed when I came in here to get her ready to go up front. Therapy worked with her this morning. Therapy dressed her and got her in the chair. Observed with CNA V R1's left outer calf. A nickel-sized open area was seen. CNA V stated, I did not know that it was there. No one said anything about this to me this morning. That looks like it is from shearing (a force that acts parallel to the skin's surface, causing the underlying tissue layers to slide against each other. This force, often occurring with pressure and friction, can lead to tissue damage and pressure ulcers). There is nothing on it, no cream or dressing. (R1) should have pillows between her legs, and under her knees and heels to keep things like this from happening. I do not see any extra pillows in (R1's) room to do this. (R1) needs to be positioned and turned by staff.During an observation and interview on 7/9/25 at 8:25 AM, Therapy Y observed R1's left outer calf stating, There is something there on her calf. (R1) cannot position herself and needs assistance to do that from staff. Pillows or wedges could be used to off-load areas of the body to relieve pressure and prevent pressure wounds. There is no wedge or extra pillows in (R1) that I see to aide in positioning (R1).During an interview on 7/9/25 at 8:30 AM, RN E stated, I reported (R1's) skin area on her leg and ordered Zinc (type of barrier cream).Review of R1's Order Summary dated 7/9/25 at 8:45 AM, Zinc Oxide Ointment 10 % Apply to L (left) calf redness topically two times a day for skin condition redness. It was noted the order was placed in R1's medical chart 15 minutes after interview with RN E.Review of R1's MAR/TAR (Medication/Treatment Administration Record) dated July 1-31, 2025, revealed Zinc Oxide Ointment 10 % Apply to L calf redness topically two times a day for skin condition redness -Start Date 07/09/2025 2000. It was noted this treatment was not to be put into place until over 29 hours after the wound was discovered. Review of R1's Care Plan, dated 6/9/25, Focus: at risk for impaired skin integrity, identified goals that included having intact skin. Interventions that were to be implemented to meet and maintain this goal included - assist resident with turning and repositioning as needed (initiated 10/12/2023). - encourage/assist as needed to elevate heels off the mattress as tolerated (initiated 10/12/2023). Further review of R1's Care Plan dated 6/9/25, Impaired Skin Integrity related to and including diffuse traumatic brain injury, quadriplegia, and contractures. The goal indicated the resident was to maintain intact skin. Interventions did not include offering off-loading (process of reducing or redistributing pressure on the affected area to promote healing and prevent further tissue damage) of bony-prominences or areas of body that came into contact of any surface. Review of R1's Progress Notes as of 7/9/25 at 10:32 AM did not have documentation of an opened area on the resident's left outer calf that was discovered on 7/8/25 at 2:41 PM. Review of R1's Skin assessment dated [DATE] at 8:55 AM, indicated a new abnormal skin area was identified to the resident's left lower leg with treatment having been initiated. It was noted this

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to provide adequate supervision and ambulation device to prevent falls and fall with injury in 1 (R31) of 4 residents reviewed for accidents resulting in injury and the potential of further falls with injury.Findings include:According to the Minimum Data Set (MDS) dated [DATE], R31 scored 5/15 on her BIMS (Brief Interview Mental Status) indicating she was cognitively impaired. Diagnoses included dementia. Section GG-Functional Abilities and Goals indicated supervision was required for walking from 10 to 150 feet. Review of R31's Incident Report dated 2/22/25 at 11:10 PM indicated the resident had a witnessed fall when her feet got tangled together causing her to hit her head on the floor. Upon assessment the resident was found to have an abrasion to her left forehead. The IDT (interdisciplinary team) met with new interventions including therapy to initiate a walker for safety. Review of R31's Care Plan, ADLS or Falls, print date 7/7/25 did not report a wheeled walker had been implemented for the resident's use before or after the resident had fallen causing injury on 2/22/25. Review of R31's Fall assessment dated [DATE] indicating the resident had a fall on this date while attempting to sit in a chair in the lobby. A fall reevaluation indicated a change in gait status and a plan of care review included an equipment modification with the use of a 2-wheeled walker (WW).Review of R31's Care Plan ADLs or Falls did not include equipment modification with the use of a 2-wheeled walker for a fall on 4/11/25. Review of R31's Progress Note dated 4/21/2025 11:45 IDT-Interdisciplinary Progress Note Late Entry: Note Text: IDT met regarding residents fall this am. Resident found in another resident's room on the floor. Resident with history of weakness and cognitive deficits .Review of R31's Incident Report dated 4/28/25 7:20 AM, indicated the resident had a witnessed fall by staff when she fell while walking independently in a hallway when she lost her balance landing on her left shoulder. A bruise to the left should was observed with a pain score of 5/10 upon assessment. Predisposing situation factor was reported as ambulating without assistance or the use of a wheeled walker. Review of R31's Fall assessment dated [DATE] indicated the resident was ambulating independently and fell injuring left shoulder that required x-rays. Review of R31's Progress Note dated 4/28/25 11:21 AM indicated the resident was limiting the use of her left arm/shoulder and stated she had some pain evident by guarding the area. Review of R31's Radiology Results Report dated 4/29/25, indicated the resident had pain in left shoulder after a fall requiring 2 plus views (x-rays) of the left shoulder. Review of R31's Physician Progress Note dated 4/29/25 10:21 AM, indicated the resident had been seen after a fall with complaints of shoulder pain requiring x-rays with negative results for any type of fracture. The resident had been observed ambulating independently, lost her balance fell onto her shoulder. During an observation and interview on 7/7/25 at 2:03 PM, R31 was in her room with nothing on her feet stating, I walk by myself. I used to use a walker. I think I have a walker. No walker, wheeled or otherwise, was visible in the room, closet, or bathroom.Observed 7/8/25 at 2:28 PM, R31 in dining room with a group of peers and the Life Enrichment Director/Social Worker. No wheeled walked was visible. R31 stated, I walked by myself. During an interview on 7/9/25 at 8:35 AM, Therapy Y stated, (R31) should have a walker to use while ambulating.During an observation and interview on 7/9/25 at 8:40 AM, R31 was in bed awake. No walker visible in resident's closet, room, or bathroom. R31 stated, I don't see a walker here. I walk where I need to go.During an observation and interview on 7/9/25 at 8:45 AM, Registered Nurse (RN) E stated, (R31) uses a walker to ambulate. She has had some falls. Observed R31's room with RN E with no walker in the resident's closet, room, or bathroom.During an interview and record review on 7/9/25 at 11:30 AM, Unit Manager (UM) H stated while reviewing R31's medical chart, I think (R31) has had some falls. I saw her walking independently yesterday with no wheeled walker. Her care plan focus for falls does not have an intervention for the use of a wheeled walker. She has walked on her own for the last month I've been here. She has never had a device with her. I see her walking all around the facility independently.Review of R31's Activities of Daily (ADL) Care Plan print date 7/7/25 did not indicate a wheeled walker for had been implemented for the resident's safety until 6/11/25. During an interview and record on 7/9/25 at 1:25 PM, Director of Nursing (DON) B stated while reviewing R31's medical records, (R31) does not have documentation of not wanting to use a wheeled walker. Therapy does a screen after each screen into me. Once I receive the form and take Therapy's suggestion and decide if their recommendations are something nursing wants to implement. For (R31's) fall on 6/10/25, the form was not signed by myself or Therapy. Therapy wanted (R31) to use a rolling walker (wheeled walker) and supervision with ambulation in facility. I do not have any idea when this was

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to: 1.) maintain proper infection control practices while utilizing resident shared equipment (a glucometer- a machine that uses a drop of blood to analyze the level of glucose (sugar) in a person's blood stream) during medication administration for 1 (Resident #88) of 5 residents reviewed for medication administration and 2.) ensure appropriate use of Enhanced Barrier Precautions (EBP) in 1 of 12 residents (Resident #1 (R1) reviewed for infection control, resulting in the potential for the spread of infection, cross contamination and disease transmission. Findings include:Resident #88Review of an admission Record revealed Resident #88 was a male who was originally admitted to the facility on [DATE] and had pertinent diagnoses which included: Type 2 diabetes mellitus with complications (a condition when the body is unable to produce or use insulin correctly resulting in high blood sugar). Review of Order Summary for Resident #88 revealed Accucheck- (blood sugar testing) 2 times a day two times a day call if <70 (less than) or >450 (greater than) . with a start date 6/26/2025 . Humalog Kwik pen 100 unit/ml (Milliliters) solution pen-injector insulin inject 4 units subcutaneously before meals related to type 2 diabetes mellitus . with a start date of 6/19/25 .Lantus SoloStar Subcutaneous Solution Pen-Injector 100 unit/ml (insulin glargine) inject 18 unit subcutaneously one time a day related to Type 2 diabetes . with a start date of 7/1/2025. During an observation on 7/8/25 at 11:22 am, Registered Nurse (RN) E removed Resident #88's Humalog and Lantus insulin pens from the medication cart, removed the pen cap, screwed the safety needle onto the top of the insulin pen, and then placed both insulin pens into the pocket of his shirt. RN E then located Resident #88 in the therapy room, sitting on an exercise machine. RN E was then observed placing the glucometer onto a stool at a countertop next to where Resident #88 was using exercise equipment. RN E was observed preparing Resident #88's right hand for a blood sugar check (the poking of a fingertip with a needle to obtain a drop of blood for sampling on a test strip in a glucometer), RN E retrieved the glucometer from the stool, completed Resident #88's blood sugar check and then replaced the glucometer onto the countertop next to where Resident #88 was sitting. RN E did not have a barrier present between the glucometer and the stool, nor a barrier between the glucometer and the countertop. RN E then retrieved the Lantus insulin pen from his shirt pocket and administered the insulin into Resident #88's abdomen. After the insulin administration, RN E replaced the used insulin pen back into his shirt pocket along with the Humalog insulin pen. RN E returned to the medication cart, removed the needles from both the Lantus and Humalog insulin pens, and replaced them into the medication cart. In an interview on 7/8/25 at 4:14 pm Wound Nurse/Unit Manager (WN/UM) H reported insulin pens should not be put into a pocket. WN/UM H reported that glucometers could be placed directly onto a surface at the resident's side without a barrier. WN/UM H reported that they did not use a barrier between a tabletop and supplies when checking a blood sugar. In an interview on 7/9/25 at 10:46 am, RN E reported the only barrier he needed to use during a blood sugar check was gloves. When queried regarding a barrier to place clean supplies on prior to procedure, RN E I just use the table as the barrier and I hope it's clean. RN E reported he did not use a barrier for supplies when he checked Resident #88's blood sugar, RN E stated the therapy room is a tough place to do a blood sugar check, there is no place to set anything down. When further queried, RN E reported he should not transport insulin in his shirt pocket like he did for Resident #88. In an interview on 7/9/25 at 10:57 am Director of Nursing (DON) B reported her expectation was that a barrier be used when placing supplies down prior to a blood sugar check. DON B stated it can be a paper towel but put something down. DON B reported her expectations were that insulin should never be placed into a pocket for transport before or after administration. DON B reported that her expectations were the same as the facility policy Validation Checklist Glucometer Disinfection related to blood sugar checks.Review of Validation Checklist Glucometer Disinfection provided by DON B with a date of 2022, revealed purpose: to determine if the nurse is performing the procedure in accordance with the facility's standard of practice .7. Provided barrier on clean work surface for device . (continued on next page)

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	07/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Kalamazoo	1701 S 11th Street 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	Resident #1According to the Minimum Data Set (MDS) dated [DATE], R1 was unable to complete her BIMS (Brief Interview Mental Status) indicating she was severely cognitively impaired. Her diagnoses included traumatic brain injury (TBI), quadriplegia (paralyzed in all four limbs), and contractures. Section K-Swallowing and Nutritional Status indicated R1 received nutrition via a feeding tube.During an observation and interview 7/8/25 at 2:41 PM, R1's door held an Enhanced Barrier Precautions (EBP) sign revealing direct care required PPE (personal protection equipment) while providing direct care to the resident. Registered Nurse (RN) E was observed wearing disposable gloves and no other PPE including gown or mask while cleaning the resident's PEG (Percutaneous Endoscopic Gastrostomy tube, a feeding tube inserted through the abdominal wall into the stomach) tube insertion site and flushing the tubing with normal saline. RN E did not reply when asked if R1 was on EBP and what PPE should be worn while providing direct care. Review of R1's Order Summary dated 4/1/25 indicated the use of enhanced barriers while performing high-contact (direct care) activity with the resident for tube feeding.

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	07/09/2025

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures for flu and pneumonia vaccinations. (continued on next page)

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	07/09/2025

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to develop policy and procedure to include current standards of practice in regard to pneumococcal (pneumonia) immunizations for 2 (Residents #1 and 10) of 5 residents reviewed for immunizations and the potential for eligible residents to not be offered the PCV21 (Pneumococcal 21-valent Conjugate Vaccine), with the potential of increasing the risk of acquiring, transmitting, or experiencing complications from pneumonia.Findings include:Review of the facility's Pneumococcal Vaccine (Series) policy, Date reviewed/revised: 10/30/2023, stated, It is our (the facility) policy to offer our residents .immunization against pneumococcal disease in accordance with current CDC guidelines and recommendations The type of pneumococcal vaccine (PCV15, PCV20, or PPSV23/PPSV (pneumococcal polysaccharide vaccine)) . There was no mention of PCV21 in the policy or its existence. Resident #1:Review of Resident #1's immunization report, print date 7/8/25, stated Resident #1 was Not Eligible for the vaccines PCV20 or PCV15, but nothing to address PCV21. PCV21 was not mentioned on the immunization report. PCV23 and PCV13 were noted as having been completed after Resident #1 was aged 65 years or older.Review of the CDC's Pneumococcal Vaccine Recommendations, dated 10/26/2024 and found at https://www.cdc.gov/pneumococcal/hcp/vaccine-recommendations/index.html, stated, Recommendation for shared clinical decision-making .Based on shared clinical decision-making, adults 65 years or older have the option to get PCV20 or PCV21, or to not get additional pneumococcal vaccines. They can get PCV20 or PCV21 if they have received both .PCV13 (but not PCV15, PCV20, or PCV21) at any age and PPSV23 at or after the age of [AGE] years old The United States uses 2 types of pneumococcal vaccines. Each individual vaccine helps protect against different serotypes (distinct variation) of pneumococcal bacteria.Pneumococcal conjugate vaccines (PCVs) .PCV15 .PCV20 .PCV21 .Pneumococcal polysaccharide vaccine .PPSV23.Resident #10:Review of Resident #10's immunization report, print date 7/8/25, indicated Resident #10 received PCV13 on 9/10/2016 and PCV23 on 11/05/2014, but nothing was noted regarding PCV15, PCV20, or PCV21. Utilizing the Centers for Disease Control and Prevention Pneumococcal Vaccine Recommendations (https://www2a.cdc.gov/vaccines/m/pneumo/agegroup.html) it stated, Recommendation .Based on shared clinical decision-making, decide whether to administer one dose of PCV20 or PCV21 at least 5 years after the last pneumococcal vaccine dose.)During an interview and record review on 07/08/25 at 09:09 AM, Director of Nursing (DON) and Infection Preventionist B confirmed she wasn't aware that the PCV21 had been released and available and stated, I'll have to add that (PCV21) to my grids. (Grids was referring to the pneumococcal vaccine schedule grid/chart from the Centers for Disease Control and Prevention (CDC). DON B reported PCV21 was not available or offered at the facility. DON B reviewed their pneumococcal policy, revised 10/30/2023, and confirmed their policies & procedures didn't mention PCV21 and reported she would reach out to their corporate infection control staff person. The version of the CDC's Pneumococcal Vaccine Timing grid/chart DON B had available and viewed on her computer included PCV20 but didn't include PCV21. A newer version of the pneumococcal vaccine timing grid/chart for adults that includes PCV21 can be found at https://www.cdc.gov/pneumococcal/downloads/Vaccine-Timing-Adults-JobAid.pdf. The updated version, dated March 2025, included PCV20 or PCV21 as an option. DON B confirmed she had and was viewing a version prior to this one and it only included PCV20; it didn't mention PCV21. Review of the CDC's Shared Clinical Decision-Making PCV20 or PCV21 Vaccination for Adults 65 Years or Older, dated, 09/11/2024, stated, Consider: .increased risk of exposure to PCV20 or PCV21 serotypes may occur among people who are living in: . Nursing homes or other long-term care facilities.Review of Use of 21-Valent Pneumococcal Conjugate Vaccine Among U.S. Adults: Recommendations of the Advisory Committee on Immunization Practices - United States, 2024, dated 9/12/2024 and found at https://www.cdc.gov/mmwr/volumes/73/wr/mm7336a3.htm#T1_down, stated, What is added by this report? .On June 27, 2024, the Advisory Committee on Immunization Practices recommended 21-valent PCV (PCV21) as an option for adults aged greater than or equal to 19 years who are currently recommended to receive PCV15 or PCV20. PCV21 contains eight serotypes not included in other licensed vaccines. What are the implications for public health practice? Adding PCV21 as an option in the current PCV recommendation is expected to prevent additional disease caused by pneumococcal serotypes unique to PCV21 .