

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235283	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/18/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of East Lansing		STREET ADDRESS, CITY, STATE, ZIP CODE  1843 N Hagadorn Rd East Lansing, MI 48823	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 27446</p> <p>This citation pertains to intake number MI00148475.</p> <p>Based on interview and record review the facility failed to ensure one of four residents (Resident 2) had a person-centered baseline care plan developed, and implemented with appropriate interventions and revisions as needed.</p> <p>Finding Included:</p> <p>Review of Resident #2's (R2) face sheet it was revealed R2 was admitted to the facility on [DATE] for a 10 day respite with expected discharge on 8/30/2024. R2 no longer resided at the facility at the time of the onsite survey.</p> <p>Review of R2's admission fall risk assessment dated [DATE], revealed as question to be answered Yes or No if R2 had displayed any of the following behaviors: was a high risk for falls. R2 was easily distracted, had periods of altered perception or or awareness of surroundings, episode of disorganized speech, restlessness, lethargy, mental function varies throughout the course of the day, wanders, abusive and resists care. The question was answered Yes. The assessment revealed R2 had Clinical Condition for falls which included, requiring assistant to for bathroom use, ambulates independently without problems and with devices, not steady, only able to stabilize with physical assistance. Health conditions include, Circulatory/Heart and Psychiatric or Cognitive. The risk assessment also revealed R2 was on three or more medication in the previous seven day that could put R2 at risk for falls.</p> <p>Lastly the admission fall risk assessment revealed under, Falls/Injury Risk Care Plan, Focus: Resident (R2) is at risk for falls related to, Goal: Reduce the risk of injury before the next review, Intervention: Educate the resident (R2) on safety intervention, Encourage resident (R2) to keep needed items within reach, encourage resident (R2) to use call light, Ensure the residents (R2) room is free from accident hazards ., and PT/OT/SLP (Physical, Occupational, Speech Therapy) screen/eval (evaluation)/ treat as need.</p> <p>Review of an incident report dated 8/21/2024 revealed R2 had a fall in her room, and when observed by staff was found to have pants pulled down to waist. Staff assisted R2 with putting on gown. It was then documented R2 was should get some sleep, and had been wandering all night and very confused, not knowing where she was at or the time, and had improper foot wear on.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post the fall on 8/21/2024 the Interdisciplinary Team (IDT) made a notation in R2's progress notes on 8/26/2024 that R2's care plan was updated to include offering R2 to change into sleeping clothes at bedtime. This IDT note was five days after R2's fall on 8/21/2024, and did not address R2's wandering all night, confusion, not being aware of where she was, not knowing the time, and that R2 did not have proper foot wear on.</p> <p>Review of R2's care plans revealed (R2) had a care plan in place due to being at risk for falls/injury related to Alzheimers//Dementia, malnutrition, and incontinence. The care plan had one revision post R2's fall on 8/21/2024 which was to assist R2 into changing into sleeping clothes at bed time. The care plan did not include any revisions of interventions to address R2's wandering all night long, confusion, not being aware of the time, where she was, nor assuring R2 had gripper/non-skid footwear on when out of bed.</p> <p>Review of an incident report dated 8/28/2024 revealed R2 had another fall where she was found on the fall by the front desk, laying on her left side, screaming and crying of pain. The incident report revealed predisposing factors were R2 was exit seeking, wandered, confused, had imbalanced gait, impaired memory.</p> <p>Review of a hospital transfer communication sheet dated 8/28/2024 revealed R2 was transferred to the hospital due to had a fall, would not move left leg, and complaints of hip pain. The transfer sheet revealed R2's on 8/28/2024 was unwitnessed, and R2 was at the facility for respite care.</p> <p>In an interview on 12/17/2024 at 1:36 PM, Certified Nurse Aid (CNA) C stated she was watching R2 closely on the night of 8/28/2024 when R2 had fallen that resulted in hip pain and R2 going to the hospital. CNA C said R2 needed to have close supervision because she wandered all over the facility. CNA C also stated that R2's care plan nor Kardex had any interventions that addressed R2's wandering and the need for close supervision such as R2 always in view of staff and in the common areas.</p> <p>In an interview on 11/18/2024 at 12:15 PM, Registered Nurse (RN) D stated that R2 was severely confused and would not do as staff requested. RN D stated that R2 would wander without purpose and go up and down the halls, in and out of other resident rooms. RN D said R2 was not able to be left alone. RN D said R2 needed to always be in view and in the common areas. RN D also stated R2's fall care plan and others, after her fall on 8/21/2024, would be expected to have been reviewed for appropriate interventions; with revisions to the interventions based on R2's care needs regarding fall risks.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>27446</p> <p>This citation pertains to intake MI000148211.</p> <p>Based on interview and record review the facility failed to ensure infection control surveillance was monitored, mapped and documented monthly to maintain a safe and sanitary environment for all 62 residents who resided at the facility.</p> <p>Findings Included:</p> <p>On 12/17/2024 via email to Administrator A a request was sent to provide the facility's August through December 2024 Infection Control line listing with the color coded maps of each unit.</p> <p>Upon receiving the requested infection control documents on 12/17/2024, it was revealed that only August, September, and October 2024 line listings (residents listed that have an infection, what the organism is, and the antibiotic if applicable) were received. Also the only map that was received was for the month of September 2024.</p> <p>In an interview on 12/17/2024 at 2:15 PM, Administrator A was asked to provide the line listing and mapping for November 2024 infection control surveillance. Administrator A stated that no nurse had been performing the duties of the infection control program since November 1st, therefore there was no November surveillance completed.</p> <p>In an interview on 12/17/2024 at 3:40 PM, Assistant Director of Nursing (ADON) E and Director of Nursing (DON) A, stated that Infection Control Preventionist (ICP) F was off of work for a time. Both DON B and ADON E stated that no staff was monitoring the infection control program, and stated that the two of them would just look at new antibiotic orders while in every morning meeting. DON B said no staff member was tracking clusters of infections for the program and there was no infection control monitoring for the month of November 2024.</p>		