STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235283	A. Building B. Wing	08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of East Lansing	1843 N Hagadorn Road 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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. (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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake 2597662.Based on observation, interview and record review, the facility failed to ensure medications were administered per physician's orders for one (R1) of three reviewed.Findings include: Review of the medical record reflected R1 admitted to the facility on [DATE] and readmitted [DATE], with diagnoses that included chronic respiratory failure with hypoxia, asthma, tracheostomy status (surgical hole made through the front of the neck, into the windpipe/trachea, for placement of a tracheostomy tube for breathing) and spastic quadriplegic cerebral palsy. The Annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 5/31/25, reflected R1 did not speak, was rarely/never understood and rarely/never understands.On 8/26/25 at 8:05 AM, R1 was observed seated in a wheelchair, in their room. A tracheostomy was observed, secured with tracheostomy ties. R1's hospital Discharge summary, dated [DATE], reflected discharge diagnoses that included tracheostomy dependence, pneumonia, septic shock and gram-positive bacteria. According to the discharge summary, R1 was to receive sulfamethoxazole-trimethoprim (Bactrim DS-an antibiotic) 800-160 milligrams (mg) by mouth two times daily until 8/13/25. R1's August 2025 Medication Administration Record (MAR) reflected their 8:00 PM dose of Bactrim DS, which was ordered for pneumonia, was not administered on 8/11/25. A correlating Progress Note for 8/11/25 at 11:18 PM reflected the medication was on order, and the pharmacy had been called. Review of the facility's back-up medication supply list, dated 5/28/25, reflected Bactrim DS 800-160 mg was available within the facility. A medication error Incident Report for 8/11/25 at 8:00 PM reflected the nurse did not pull Bactrim DS from the back-up supply for R1's evening dose of medication. The report reflected the on-call provider was notified. R1's medical record did not reflect documentation pertaining to consideration of changes to the Bactrim DS order to account for R1's missed dose of medication.R1's August 2025 MAR reflected their bedtime dose of Olanzapine (antipsychotic medication) 7.5 mg was not administered. A correlating Progress Note for 8/11/25 at 11:21 PM reflected the medication was on order, and the pharmacy had been called. A medication error Incident Report for 8/11/25 at 8:00 PM reflected the nurse did not pull Olanzapine from the facility's back-up medication supply for R1's 8:00 PM dose on 8/11/25. According to the August 2025 MAR, R1's 8:00 PM dose of Klonopin (medication to treat seizure disorder) 0.5 mg was not administered on 8/11/25. The MAR reflected the medication was ordered for a diagnosis of unspecified convulsions. A medication error Incident Report for 8/11/25 at 8:00 PM reflected the nurse did not pull Klonopin from the facility's back-up medication supply for R1. In an interview on 8/26/25 at 1:32 PM, Director of Nursing (DON) B confirmed Bactrim DS was included in the facility's back-up medication supply. DON B reported they would typically extend the order for the number of days (doses) missed, but that would be at the discretion of the provider. When asked if an extension of the order was discussed with the provider, DON B acknowledged she did not see Bactrim in the provider notes. DON B reported the nurse should have also pulled R1's Olanzapine and Klonopin doses from the facility's back-up medication supply for 8/11/25. According to the American Lung Association, Pneumonia Treatment and Recovery .Take any medications as prescribed by your doctor. If your pneumonia is caused by bacteria, you will be given an antibiotic. It is important to take all the antibiotics, even though you will probably start to feel better in a couple of days. If you stop before the prescription is gone, you risk having the infection return, and you increase the chances of the germs becoming resistant to treatment in the future . (https://www.lung.org/lung-health-diseases/lung-disease-lookup/pneumonia/treatment-and-recovery)

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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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake 2597662.Based on observation, interview and record review, the facility failed to provide respiratory care according to physician's orders for one (R1) of three reviewed.Findings include:Review of the medical record reflected R1 admitted to the facility on [DATE] and readmitted [DATE], with diagnoses that included chronic respiratory failure with hypoxia, asthma, tracheostomy status (surgical hole made through the front of the neck, into the windpipe/trachea, for placement of a tracheostomy tube for breathing) and spastic quadriplegic cerebral palsy. The Annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 5/31/25, reflected R1 did not speak, was rarely/never understood and rarely/never understands.On 8/26/25 at 10:51 AM, R1 was observed seated in a wheelchair, in their room. A tracheostomy was observed, secured with tracheostomy ties. A cough assist machine was observed on a table in R1's room. In an interview on 8/26/25 at 11:01 AM, Respiratory Therapist (RT) D reported R1 received their cough assist three to four times daily, and there was an order to sign off on. R1's July 2025 Respiratory Administration Record (RAR) reflected an order for cough assist therapy for assistance with airway clearance, three times daily, for airway patency, related to chronic respiratory failure with hypoxia. The scheduled times reflected 7:00 AM, 4:00 PM and 8:00 PM. According to the RAR, R1 missed 20 opportunities to receive their cough assist due to reasons including lack of tolerance, refusal or being asleep. R1's hospital Discharge summary, dated [DATE], reflected discharge diagnoses that included tracheostomy dependence, pneumonia, septic shock and gram-positive bacteria. According to the discharge summary, R1 was to receive cough assist three times daily. A readmission Physician Progress Note, dated 8/12/25, reflected R1 was recommended to continue the cough assist three times daily.Review of R1's August 2025 RAR reflected an order for ten cycles of their cough assist, three times daily, for lung inflation, related to chronic respiratory failure with hypoxia. The scheduled times reflected 7:00 AM, 3:00 PM and 10:00 PM. The first administration of the cough assist upon return from the hospital was documented for 10:00 PM on 8/12/25. The RAR reflected R1's cough assist as not being administered for their 7:00 AM scheduled time on 8/20/25, the scheduled 3:00 PM time on 8/24/25 or the scheduled 10:00 PM time on 8/16/25, 8/17/25 and 8/24/25 due to reasons including refusal, being asleep or being out of the facility.In a phone interview on 8/27/25 at 9:56 AM, RT E reported R1 did not tolerate the cough assist, and they could not recall the last time they attempted to administer R1's cough assist.