

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 10/29/2024
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32064</p> <p>Based on observation, interview and record review, the facility failed to ensure accurate completion of Minimum Data Set (MDS) assessments for three (Resident #36, #59, and #68) of 17 reviewed.</p> <p>Findings include:</p> <p>Resident #36 (R36)</p> <p>Review of the medical record revealed R36 admitted to the facility on [DATE] with diagnoses that included type 2 diabetes mellitus. The MDS with an Assessment Reference Date of 7/21/24 revealed R36 received insulin injections seven days out of the seven day look back period.</p> <p>Review of R36's medical record revealed they did not receive insulin during the look back period.</p> <p>In a telephone interview on 10/28/24 at 2:15 PM, Regional Director of Assessment Coordination F agreed R36 did not receive insulin during the look back period and reported the MDS was coded incorrectly.</p> <p>38383</p> <p>Resident #59 (R59)</p> <p>Review of the medical record reflected R59 admitted to the facility on [DATE] and readmitted [DATE], with diagnoses that included chronic respiratory failure, cerebrovascular disease and gastrostomy status. The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 7/13/24, reflected R59 received nutrition and hydration via tube feeding.</p> <p>On 10/28/24 at 9:24 AM, R59 was observed in bed, with the head of bed elevated and a tube feeding infusing.</p> <p>A Nutrition Evaluation for 7/12/24 reflected that R59 triggered for significant weight loss of 5.8 percent (%) in one month.</p> <p>The quarterly MDS with an ARD of 7/13/24 did not reflect coding for R59's weight loss of 5% or more in the last month.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a phone interview on 10/28/24 at 2:16 PM, Regional Director of Assessment Coordination F reported the weights and vital signs section of the medical record would show triggers for weight loss or weight gain, in the color red. She indicated the review (of weights for MDS coding) would include determining if there had been a 5% weight loss in one month.</p> <p>Resident #68 (R68)</p> <p>Review of the medical record reflected R68 admitted to the facility on [DATE], with diagnoses that included malignant neoplasm (cancerous tumor) of the descending colon (section of large intestine).</p> <p>The Discharge Return Not Anticipated MDS, with an ARD of 7/31/24, reflected R68 discharged to a short-term hospital on 7/31/24.</p> <p>A Progress Note for 7/31/24 at 11:30 AM reflected R68 discharged from the facility with family.</p> <p>In an interview on 10/29/24 at 11:33 AM, Nursing Home Administrator (NHA) A reported R68 discharged home, not to the hospital.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46954</p> <p>Based on observation, interview, and record review, the facility failed to implement comprehensive care plans for 3 (Resident #4, 22 and 28) of 17 reviewed, resulting in the potential for unmet care needs. Findings include:</p> <p>Resident #22</p> <p>Review of an Admission Record revealed Resident #22 (R22) admitted to the facility on [DATE] with diagnoses which included major depressive disorder and moderate protein calorie malnutrition.</p> <p>On 10/27/24 at 11:48 AM, R22 was observed in bed, sleeping. R22's lunch was on his bedside table and appeared untouched. R22's plate consisted of a small scoop of ground pork, a scoop of mashed potatoes and gravy, and a scoop of diced squash. R22 appeared to be underweight.</p> <p>Review of a Physician Order dated 10/27/23 revealed a diet order stating Diet: regular diet, mechanical soft texture, thin liquids/double entree .</p> <p>Review of a Dietary Progress Note dated 6/19/2024 revealed R22 was struggling with weight loss and had an ordered diet of mechanical soft (ground) texture, thin liquids/double entree per preference.</p> <p>On 10/28/24 at 11:40 AM, R22 was observed in bed, sleeping. R22's lunch was observed on his bedside table, untouched. His lunch consisted of a small scoop of ground chicken with gravy, steamed vegetables, and a scoop of rice.</p> <p>In an interview on 10/29/24 at 9:11 AM, Registered Dietician (RD) J stated that R22 had struggled with weight loss and one of the ordered interventions included double portions. RD J stated that R22 should have had double portions for his meals.</p> <p>Resident #28</p> <p>Review of an Admission Record revealed Resident #28 (R28) admitted to the facility on [DATE] with diagnoses which included end stage renal disease and gastroparesis (delayed gastric emptying).</p> <p>On 10/27/24 at 11:40 AM, R28 was observed sitting up on the side of his bed with his lunch in front of him on his bedside table. A divided plate was observed consisting of mashed potatoes and gravy and a cut up pork chop. R28 explained that he does not eat much and has been losing weight due to frequent episodes of nausea and vomiting. R28's tray ticket was observed and noted to contain instructions to provide double protein and butter packets on his tray. No butter/margarine packets were observed.</p> <p>Review of R28's Physician Order's revealed an order initiated on 8/31/24 which stated Controlled Carbohydrates diet, Regular texture, Regular fluid, thin consistency double protein portions related to End Stage Renal Disease, Type Two Diabetes, and Gastroparesis.</p> <p>(continued on next page)</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/28/24 at 11:41 AM, R28 was observed in his room sitting at the side of his bed. R28's divided plate was observed which contained one slice of turkey meat with gravy and rice. One serving of turkey was observed on the plate, There were no butter/margarine packets on R28's tray.</p> <p>Review of R28's Care Plan revealed a Nutrition Care plan initiated on 8/30/24 which stated Update and honor resident's food preferences on tray ticket.</p> <p>In an interview on 10/29/24 at 9:00 AM, Registered Dietician (RD) J stated that R28 had been ordered double protein for his meals for his increased needs due to dialysis. RD J stated that the butter/margarine and double protein should be on R28's meal trays.</p> <p>34705</p> <p>Resident #4(R4)</p> <p>Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE], reflected R4 was a [AGE] year old female admitted to the facility on [DATE] and most recent readmission 10/15/24, with diagnoses that included dementia, schizophrenia, cardiac disease, hypertension (high blood pressure), kidney disease, stage 4 pressure ulcer, anxiety and depression. The MDS reflected R4 had a BIM (assessment tool) score of 15 which indicated her ability to make daily decisions was cognitively intact, and she required supervision or touch assistance with bed mobility, transfers and partial/moderate assist with dressing, bathing and toileting.</p> <p>During an observation and interview on 10/27/24 at 10:01 AM, R4 was sitting upright in bed, dressed in a hospital gown and appeared able to answer questions without difficulty. R4 reported had open skin wound on sacral area that had been present for several months. R4 had an air mattress as evidenced by pump hanging on foot board attached to the mattress with no lights to indicate functioning or vibration or sound from pump. Continued observation reflected the pump was plugged into a four plug wall outlet. R4 roommate had the same pump located their footboard that appeared to have green lights illuminated on both the on/off switch and settings and was vibrating and could be heard running. R4 reported used pain medication to control pain and reported pain was as high as 10 out of 10 on pain scale at times and reported 5 out of 10 was controlled for her.</p> <p>During an observation and interview on 10/28/24 at 8:10 AM R4 was sitting upright in bed. Air mattress pump continued to be non functioning with no lights, vibration or sound. R4 reported mattress did not feel like it was inflated as much as normal. R4 gave permission to observe dressing change later that day.</p> <p>During an observation and interview on 10/28/24 at 3:13 PM, LPN P performed R4 wound care treatment to sacral area that appeared about quarter size with minimal depth. R4 also had open area noted on left buttock cheek that appeared as dry, flaky, scabbed area. R4 reported pain 8/10 on pain scale. R4 air mattress continued to appear non-functioning. After exiting R4 room LPN P reported R4 had intervention in place to promote healing of sacral wound that included daily treatments and pressure relieving air mattress. LPN P queried how staff verify air mattress was functioning and LPN P entered R4 room and moved on/off switch on pump located on the footboard from on to off with no change, verified pump was plugged in and reported R4 air mattress pump did not appear to be working. LPN P reported nurses document on the Medication Administration Record(MAR) every shift that the air mattress was in position and functioning.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/28/24 at 3:50 p.m., immediately after exiting R4 room with LPN P, Unit Manager (UM) Q entered R4 room and verified the air mattress pump was not functioning and reported the pump lights should be on and should feel pump vibration and would be plugged in to power. UM Q removed the pump from R4 room and attempted to plug into hall outlet and verified not functioning. UM Q took pump to maintenance director and requested new pump be placed.</p> <p>During an observation and interview on 10/29/24 at 10:45 AM, R4 was laying upright in bed and air mattress pump appeared to be functioning including illuminated green lights. R4 reported mattress felt more inflated since new pump was placed last evening.</p> <p>Review of R4 MAR dated 10/1/24 through 10/31/24 reflected orders that included, Check placement and function of air mattress each shift every day and night shift. Continued review of the document reflected nursing staff had document R4's air mattress was functioning 10/27/24 day shift through 10/28/24 day shift. (Three shifts observed by this surveyor as not functioning).</p> <p>Review of R4 skin Care Plan, dated 10/15/24, reflected interventions that included, Resident requires an alternating pressure mattress to bed .</p> <p>During an interview on 10/29/24 at 11:14 AM, Wound Nurse (WN) R and Nurse Practitioner (NP) S reported performed wound rounds weekly on Tuesdays. NP S reported R4 wound was a stage 4(full thickness) pressure ulcer to the sacral area present on admission since 2022 that had been improving overall with slight decline since last week. NP S reported R4 had intervention that including air mattress and reported was not aware that R4 air mattress had not been functioning and pump had been replaced 10/28/24 after surveyor inquiring.</p> <p>During an interview on 10/29/24 at 12:15 PM, Director of Nursing(DON) B reported would expect care planned interventions to be implemented.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38383</p> <p>Based on observation, interview and record review, the facility failed to ensure the timely collection of an ordered urinalysis (urine test) for one (Resident #60) of two reviewed.</p> <p>Findings include:</p> <p>Review of the medical record reflected Resident #60 (R60) admitted to the facility on [DATE], with diagnoses that included diabetes and chronic kidney disease. The quarterly Minimum Data Set, (MDS), with an Assessment Reference Date (ARD) of 9/20/24, reflected R60 scored 15 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool).</p> <p>On 10/27/24 at 11:39 AM, R60 was observed seated in a recliner, in her room. She stated the prior Monday (10/21/24), she reported cloudy urine and burning with urination. R60 reported she had blood drawn on 10/25/24 but had not had a urine sample collected.</p> <p>A Nurse Practitioner Progress Note for 10/23/24 reflected R60 was seen for painful urination, right flank (lower back) pain and reports of milky urine. The note reflected a urinalysis (UA), complete blood count (CBC/blood test) and basic metabolic panel (BMP/blood test) would be obtained.</p> <p>A CBC, BMP and UA with culture, if indicated, were ordered on 10/23/24.</p> <p>A laboratory report for a collection date, received date and reported date of 10/25/24 reflected R60's UA result was rejected due to Supplies Unavailable.</p> <p>During an interview on 10/28/24 at 1:57 PM, Registered Nurse (RN) C reported she was not sure what Supplies Unavailable meant for R60's UA result. She stated it almost seemed to imply that the laboratory did not receive the sample. RN C reported a urine sample was picked up by the lab on 10/28/24.</p> <p>On 10/29/24 at 11:19 AM, R60 was observed seated in a recliner, in her room. R60 reported a urine sample was collected from her on the night of 10/27/24.</p> <p>During a phone interview on 10/29/24 at 12:54 PM, Laboratory Representative (LR) L reported the laboratory did not receive a urine sample for R60 until 10/27/24. LR L reported R60's UA was sent for a polymerase chain reaction (PCR) test due to showing leukocytes (white blood cells).</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34705</p> <p>Based on observation, interview and record review, the facility failed to implement interventions to promote pressure ulcer healing and prevent the worsening of pressure ulcers for one resident (R4) of three residents reviewed for pressure ulcers, resulting in the potential for delayed wound healing and/or the worsening of wounds.</p> <p>Findings include:</p> <p>Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE], reflected R4 was a [AGE] year old female admitted to the facility on [DATE] and most recent readmission 10/15/24, with diagnoses that included dementia, schizophrenia, cardiac disease, hypertension (high blood pressure), kidney disease, stage 4 pressure ulcer, anxiety and depression. The MDS reflected R4 had a BIM (assessment tool) score of 15 which indicated her ability to make daily decisions was cognitively intact, and she required supervision or touch assistance with bed mobility, transfers and partial/moderate assist with dressing, bathing and toileting.</p> <p>During an observation and interview on 10/27/24 at 10:01 AM, R4 was sitting upright in bed, dressed in a hospital gown and appeared able to answer questions without difficulty. R4 reported had open skin wound on sacral area that had been present for several months. R4 had an air mattress as evidenced by pump hanging on foot board attached to the mattress with no lights to indicate functioning or vibration or sound from pump. Continued observation reflected the pump was plugged into a four plug wall outlet. R4 roommate had the same pump located their footboard that appeared to have green lights illuminated on both the on/off switch and settings and was vibrating and could be heard running. R4 reported used pain medication to control pain and reported pain was as high as 10 out of 10 on pain scale at times and reported 5 out of 10 was controlled for her.</p> <p>During an observation and interview on 10/28/24 at 8:10 AM R4 was sitting upright in bed. Air mattress pump continued to be non functioning with no lights, vibration or sound. R4 reported mattress did not feel like it was inflated as much as normal. R4 gave permission to observe dressing change later that day.</p> <p>During an interview on 10/28/24 at 8:21 AM, Licensed Practical Nurse(LPN) M reported R4 dressing change was completed daily every evening and was seen by wound team weekly.</p> <p>During an observation and interview on 10/28/24 at 3:13 PM, LPN P performed R4 wound care treatment to sacral area that appeared about quarter size with minimal depth. R4 also had open area noted on left buttock cheek that appeared as dry, flaky, scabbed area. R4 reported pain 8/10 on pain scale. R4 air mattress continued to appear non-functioning. After exiting R4 room LPN P reported R4 had intervention in place to promote healing of sacral wound that included daily treatments and pressure relieving air mattress. LPN P queried how staff verify air mattress was functioning and LPN P entered R4 room and moved on/off switch on pump located on the footboard from on to off with no change, verified pump was plugged in and reported R4 air mattress pump did not appear to be working. LPN P reported nurses document on the Medication Administration Record(MAR) every shift that the air mattress was in position and functioning.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/28/24 at 3:50 p.m., immediately after exiting R4 room with LPN P, Unit Manager (UM) Q entered R4 room and verified the air mattress pump was not functioning and reported the pump lights should be on and should feel pump vibration and would be plugged in to power. UM Q removed the pump from R4 room and attempted to plug into hall outlet and verified not functioning. UM Q took pump to maintenance director and requested new pump be placed.</p> <p>During an interview on 10/28/24 at 4:05 PM, UM Q reported R4 air mattress pump had been replaced and the facility staff were performing a facility sweep to verify all other pumps were functioning. UM Q reported the maintenance staff planned to also change the outlet in R4.</p> <p>During an observation and interview on 10/29/24 at 10:45 AM, R4 was laying upright in bed and air mattress pump appeared to be functioning including illuminated green lights. R4 reported mattress felt more inflated since new pump was placed last evening.</p> <p>Review of R4 MAR dated 10/1/24 through 10/31/24 reflected orders that included, Check placement and function of air mattress each shift every day and night shift. Continued review of the document reflected nursing staff had document R4's air mattress was functioning 10/27/24 day shift through 10/28/24 day shift. (Three shifts observed by this surveyor as not functioning).</p> <p>Review of R4 skin Care Plan, dated 10/15/24, reflected interventions that included, Resident requires an alternating pressure mattress to bed .</p> <p>Review of R4 Skin and Wound Evaluation, dated 10/22/24 and 10/29/24, reflected the following measurements:</p> <p>10/22/24: area 0.61cm, length 0.84cm, width 0.91cm.</p> <p>10/29/24: area 0.99cm, length 0.89cm, width 1.34cm.</p> <p>During an interview on 10/29/24 at 11:14 AM, Wound Nurse (WN) R and Nurse Practitioner (NP) S reported performed wound rounds weekly on Tuesdays. NP S reported R4 wound was a stage 4(full thickness) pressure ulcer to the sacral area present on admission since 2022 that had been improving overall with slight decline since last week. NP S reported R4 had intervention that including air mattress and reported was not aware that R4 air mattress had not been functioning and pump had been replaced 10/28/24 after surveyor inquiring.</p> <p>During an interview on 10/29/24 at 12:15 PM, Director of Nursing(DON) B reported would expect care planned interventions to be implemented.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34705</p> <p>Based on observation, interview, and record review the facility failed to obtain a physician order for oxygen for one resident (R4) out of four residents reviewed for respiratory care. Findings include:</p> <p>Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE], reflected R4 was a [AGE] year old female admitted to the facility on [DATE] and most recent readmission 10/15/24, with diagnoses that included respiratory failure, dementia, schizophrenia, cardiac disease, hypertension (high blood pressure), kidney disease, stage 4 pressure ulcer, anxiety and depression. The MDS reflected R4 had a BIM (assessment tool) score of 15 which indicated her ability to make daily decisions was cognitively intact, and she required supervision or touch assistance with bed mobility, transfers and partial/moderate assist with dressing, bathing and toileting.</p> <p>During an observation and interview on 10/27/24 at 10:01 AM, R4 was sitting upright in bed, dressed in a hospital gown and appeared able to answer questions without difficulty. R4 had oxygen via nasal cannula in place connected to a concentrator set at 4 liters of oxygen with no humidified air observed. R4 reported had water bottle connected to oxygen tubing in past but not since re-admission and nose feels dry.</p> <p>During an observation on 10/28/24 at 3:13 PM, R4 had nasal cannula in place directly connected to oxygen concentrator set on 4 Liters of oxygen with no bottle in place for humidified air.</p> <p>Review of R4 Physician Orders, dated 10/15/24 to current(10/29/24) reflected no evidence R4 had an order for oxygen.</p> <p>During an interview on 10/29/24 at 11:45 am, Nursing Home Administer (NHA) A reported would expect residents to have an order for oxygen if being used. NHA A verified R4 did not have order after reviewing orders and reported would fix it.</p> <p>During an interview on 10/29/24 at 12:00 PM, Registered Nurse(RN) T reported residents need physician order for oxygen and reported if humidified air should be used if 4 Liters or greater.</p> <p>During an interview on 10/29/24 at 12:05 PM, Unit Manager(UM) Q reported R4 should have order for oxygen and humid air over 4 liters.</p> <p>During an interview on 10/29/24 at 12:15 PM, Director of Nursing(DON) B reported would expect R4 to have order for oxygen.</p> <p>During an interview on 10/29/24 at 12:42 a.m., NHA A reported would expect Unit Manager to review all orders had been transcribed correctly post hospital re-admission and verified current UM had only been in position for two weeks.</p>		