

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/12/2025
NAME OF PROVIDER OR SUPPLIER  Medilodge of Lansing		STREET ADDRESS, CITY, STATE, ZIP CODE  731 Starkweather Drive Lansing, MI 48917	

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 0755  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.  (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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/12/2025
NAME OF PROVIDER OR SUPPLIER  Medilodge of Lansing		STREET ADDRESS, CITY, STATE, ZIP CODE  731 Starkweather Drive Lansing, MI 48917	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Based on observation, interview, and record review the facility failed to ensure that controlled medication was administered and documented according to professional practice for one medication cart (to include six residents #7, #8, #9,#10, #11, and #12) out of five medication carts reviewed. Findings Included:Resident #7 (R7)Review of the medical record revealed R7 was admitted to the facility 08/18/2022 with diagnoses that included Parkinsons Disease, chronic obstructive pulmonary disease (COPD), atherosclerotic heart disease (disease caused by plaque buildup in arterial walls), hyperlipidemia (high fat content in blood), emphysema (chronic lung disease with destruction and enlargement of the air sacs in the lungs), hypertension, orthostatic hypotension (low blood pressure on rising), anxiety, constipation, polyneuropathy (peripheral nerve damage), and chronic pain. Review of R7's most recent Minimum Data Set (MDS),with an Assessment Reference Date (ARD) of 08/24/2025, revealed a Brief Interview for Mental Status (BIMS) of 15 (cognitively intact) out of 15. Resident #8 (R8)Review of the medical record revealed R8 was admitted to the facility 11/02/2025 with diagnoses that included chronic kidney disease, low back pain, hypothyroidism (low thyroid hormone), osteoarthritis (chronic joint disease), hypertension, and muscle weakness. Review of R8's assessment entitled Interviews-BIMS/PHQ/Social Determinants of Health -V2, completed 11/03/2025, revealed a Brief Interview for Mental Status (BIMS) of 15 (cognitively intact) out of 15.Review of #9 (R9)Review of the medical record revealed R9 was admitted to the facility 08/07/2023 with diagnoses that included type 2 diabetes, peripheral vascular disease (PVD), chronic kidney disease, hypertension, anemia (low red blood cells) , acquired absence of right toes, hyperlipidemia (high fat content in blood), hypomagnesemia 9low magnesium levels in blood), chronic pain syndrome, atherosclerotic heart disease (disease caused by plaque buildup in arterial walls), gastro-esophageal reflux, and muscle weakness. Review of R9's most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 09/29/2025, revealed a Brief Interview for Mental Status (BIMS) of 15 (cognitively intact) out of 15.Review of #10 (R10)Review of the medical record revealed R10 was admitted to the facility 10/04/2023 with diagnoses that included type 2 diabetes, aortic valve disease, legal blindness, hypertension, depression, hyperlipidemia (high fat content in blood), chronic viral hepatitis C, insomnia, dementia, cognitive communication deficit, chronic pain syndrome, gastro-esophageal reflux, low back pain, and chronic kidney disease. Review of R10's most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/01/2025, revealed a Brief Interview for Mental Status (BIMS) of 13 (cognitively intact) out of 15.Review of #11 (R11)Review of the medical record revealed R11 was admitted to the facility 11/11/2022 with diagnoses that included obesity, chronic venous insufficiency, osteoarthritis left knee, muscle spasms, insomnia, chronic pain, and depression. Review of R11's most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 09/19/2025, revealed a Brief Interview for Mental Status (BIMS) of 15 (cognitively intact) out of 15.Review of #12 (R12)Review of the medical record revealed R12 was admitted to the facility 09/04/2025 with diagnoses that included type 2 diabetes, acquired absence of right above the knee, chronic obstructive pulmonary disease (COPD), asthma, gastro-esophageal reflux disease, gout (buildup of uric acid in joints), acquired absence of left leg above knee, peripheral vascular disease, cognitive communication deficit, bipolar disorder, and gastro-esophageal. Review of R12's most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 09/09/2025, revealed a Brief Interview for Mental Status (BIMS) of 14 (cognitively intact) out of 15.On 11/10/2025 at 03:06 p.m. a review of medication cart A controlled medication was conducted and observed with Director of Nursing (DON) B and Registered Nurse (RN) K. The following was observed:A. R7's Control Substance Record for hydrocodone-APAP 5-325mg (milligrams) tablet revealed a total count of 7 tablets but only 6 tablets remained in the control medication drawer. RN K stated that the medication had been given at 02:00 p.m. but had not been documented as being removed from the control drawer on the Control Substance Record. RN K explained that he had documented the medication as given to the resident on the Medication Administration Record of R7's electronic medical record. B. R8's Control Substance Record for hydrocodone-APA 5-325mg tablet revealed a total count of 22 tables but only 22 tablets remained in the control medication drawer. RN K stated that the medication had been given at 10:00 a. but had not been documented as being removed from the control drawer on the Control Substance Record. RN K explained that he had documented the medication as given to the resident on the Medication Administration Record of R8's electronic medical record. C. R9's Control Substance Record for Pregabalin 150mg capsule revealed a total count of 10 capsules but only 9 capsules remained in the control medication drawer. RN K</p>		