STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235285	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Lansing	731 Starkweather Drive Lansing, MI 48917

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interviews, and record reviews, the facility failed to clean and maintain food service equipment affecting 75 residents, resulting in the increased likelihood for cross-contamination and bacterial harborage.Findings include:On 12/01/2025 at 9:40 A.M., An initial tour of the food service was conducted with Dietary Manager I and District Manager Q. The following items were noted:The sole hand sink basin was observed draining very slowly. Dietary Manager I stated: I'll place a work order into TELS for maintenance repairs.The 2022 FDA Model Food Code section 5-205.15 states: A plumbing system shall be: (A) Repaired according to LAW; and (B) Maintained in good repair.The True three-door reach-in cooler was observed with 1 of 2 interior lights non-functional. Dietary Manager I stated: I'll place a work order into TELS for replacement.The 2022 FDA Model Food Code section 6-303.11 states: The light intensity shall be: (A) At least 108 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units and dry FOOD storage areas and in other areas and rooms during periods of cleaning; (B) At least 215 lux (20 foot candles): (1) At a surface where FOOD is provided for CONSUMER self-service such as buffets and salad bars or where fresh produce or PACKAGED FOODS are sold or offered for consumption, (2) Inside EQUIPMENT such as reach-in and under-counter refrigerators; and (3) At a distance of 75 cm (30 inches) above the floor in areas used for handwashing, WAREWASHING, and EQUIPMENT and UTENSIL storage, and in toilet rooms; and (C) At least 540 lux (50 foot candles) at a surface where a FOOD EMPLOYEE is working with FOOD or working with UTENSILS or EQUIPMENT such as knives, slicers, grinders, or saws where EMPLOYEE safety is a factor.The service area laminate countertop surface was observed (etched, scored, particulate), creating a porous surface. The damaged laminate surface measured approximately 4-inches-wide by 8-inches-long. District Manager Q stated: I will place a work order into TELS for repairs.The 2022 FDA Model Food Code section 6-501.11 states: PHYSICAL FACILITIES shall be maintained in good repair.The clear plastic (8-ounce) resin cups were observed severely clouded with accumulated and encrusted mineral (lime and calcium) deposits.The 2022 FDA Model Food Code section 4-601.11 states: (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris.C-Unit:On 12/01/2025 at 10:15 A.M., An initial tour of the C-Unit Kitchenette was conducted with District Manager Q. The following items were noted:The kitchenette hand sink basin was observed stained with accumulated and encrusted iron deposits. District Manager Q stated: I will have staff thoroughly clean and sanitize the hand sink as soon as possible.The 2022 FDA Model Food Code section 4-602.13 states: NonFOOD-CONTACT SURFACES of EQUIPMENT shall be cleaned at a frequency necessary to preclude accumulation of soil residues.On 12/02/2025 at 11:00 A.M., Record review of the Policy/Procedure entitled: Equipment dated 9/2017 revealed under Policy Statement: All foodservice equipment will be clean, sanitary, and in proper working order. Record review of the Policy/Procedure entitled: Equipment dated 9/2017 further revealed under Procedures: (1) All equipment will be routinely cleaned and maintained in accordance (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	with manufacturer's directions and training materials.On 12/02/2025 at 11:15 A.M., Record review of the Policy/Procedure entitled: Warewashing dated 9/2017 revealed under Policy Statement: All dishware, service ware, and utensils will be cleaned and sanitized after each use.

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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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observations, interviews, and record reviews, the facility failed to clean and maintain the physical plant affecting 75 residents, resulting in the increased likelihood for cross-contamination and bacterial harborage.Findings include:On 12/01/2025 at 2:18 P.M., An environmental tour of the facility Laundry Service was conducted with Director of Housekeeping and Laundry Services (DHLS) R. The following items were noted: Ten 24-inch-wide by 48-inch-long acoustical ceiling tiles were observed stained from previous moisture leaks. (DHLS) R stated: I will place a work order into TELS. Eight 12-inch-wide by 12-inch-long vinyl flooring tiles by eighteen 12-inch-wide by 12-inch-long vinyl flooring tiles were observed (etched, scored, stained, particulate), adjacent to the two commercial washing machines. The damaged flooring tile section measured approximately 8 feet-wide by 18-feet-long totaling 144 square feet. (DHLS) R stated: I will place a work order into TELS. An air gap was observed between the emergency exit double door metal threshold plate and door sweep assembly. The observed air gap measured approximately 1.5 inches-wide by 72-inches-long, creating a potential entrance for vermin. (DHLS) R stated: I will place a work order into TELS. On 12/2/2025 at 11:45 A.M., Record review of the Policy/Procedure entitled: Preventative Maintenance Program dated 3/12/22 revealed under Policy: A Preventative Maintenance Program shall be developed to ensure the provision of a safe, functional, sanitary, and comfortable environment for residents, staff, and the public. Record review of the Policy/Procedure entitled: Preventative Maintenance Program dated 3/12/22 further revealed under Policy Explanation and Compliance Guidelines: (1) The Maintenance Director is responsible for developing and maintaining a schedule of maintenance services to ensure that the buildings, grounds, and equipment are maintained in a safe and operable manner. During an observation on 12/01/2025 at 9:45 AM R67's motorized wheelchair egg crate cushion and standard wheelchair black cushion was observed severely soiled with accumulated and encrusted dust and dirt deposits. During an observation on 12/01/2025 at 4:36 PM R67's wheelchair cushions continued to be very soiled During an observation and interview on 12/04/2025 10:42 AM R67's wheelchairs cushion located in room and in hall continued to be heavily soiled. Certified Nurse Aid V reported night shift staff was responsible for cleaning resident equipment including wheelchairs and as needed. During an interview on 12/04/2025 at 10:46 AM Director of Nursing B reported night shift staff were responsible for cleaning equipment and any staff as needed and facility had cleaning schedule that would expect staff to follow.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to follow physician medication and wound treatment orders in accordance with professional standards of practice, implement care plans, and provide resident care choices for one resident (R70) of 18 reviewed for quality of care, resulting in wound decline, uncontrolled pain and overall feelings of anger and frustration.Review of the Face Sheet, dated 12/3/25, reflected R70 was a [AGE] year-old female admitted to the facility on [DATE], with diagnoses that included paraplegia (paralyzed below waist), multiple pressure ulcers up to stage IV(full thickness tissue/muscle loss), hypertension, pain, anxiety and depression. Review of the Progress Note, dated 11/11/25, reflected, Therapy: unable walk or do transfer she[R70] is dependent on that task max for lower dressing sock and shoes toilet hygiene is max mod assist for upper body dressing bed mobility set up for eating and personal care. Nursing: wound care pain management, medication management, labs super pubic cath. discharge plan go home with significant other.Review of R70 Progress Note, dated 11/28/25, reflected, Sensory Perception: No impairment. Moisture: Occasionally moist. Activity: Bedfast. Resident is Very Limited: Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently. Nutrition: Adequate. Friction and shear: Potential problem.BRADEN Score: 15.0.During an observation and interview on 12/01/2025 at 11:55 AM R70 was laying in bed, appeared calm and able to answer questions without difficulty. R70 had a bell on the bedside table along with the roommate and reported the facility call system did not function in that room since they arrived over one month ago, verified by no call lights in room. R70 reported staff often close door and do not respond to bell and often takes up to one hour to get assistance. R70 reported needs staff assist for almost everything including as needed pain medication, bed mobility, toileting and dressing and reported was paralyzed from the waist down. R70 reported has had several issues with controlled pain medications not available because of pharmacy deliveries. R70 reported if staff administer pain medications as prescribed by physician pain is usually controlled under 7 on scale of 0-10. R70 reported pain was mostly related to wounds that were present on admission.During an interview on 12/2/2025 at 10:13 AM Director of Maintenance DM S reported the resident call system in R70 room for both bed one and bed two was not functioning. DM S stated, The call system panel is old and we cannot get parts for repair. I am getting quotes to replace the entire call system. I have two quotes currently and need one other quote.During an observation on 12/01/2025 at 2:13 PM resident in R70's bathroom was ringing the bell. Certified Nurse Aid (CNA) E walked by room. During continued observation at 2:14 PM bell ringing again in R70 room and again at 2:15 PM when Registered Nurse (RN) F entered the room.During an observation and interview on 12/03/2025 at 12:25 PM R70's door was closed, surveyor was granted permission to enter. R70 was lying in bed, appeared anxious, crying and reported had been waiting on pain medications since that morning after three requests to staff and pain was currently 10 out of 10 on pain scale. R70 reported had requested door remain open but staff continue to shut door, and they do not hear and/or respond to bell provided in place of non-functioning call system in room. R70 reported was also waiting on staff to perform wound care that should have been done yesterday because dressing was saturated and starting to have an odor. R70 reported dressing was last changed 12/1/25 at wound clinic to sacral area and currently where pain was located. R70 reported had requested sacral dressing to be changed 12/2/25 evening but was not completed.Review of R70 Physician Order, dated 12/1/25, reflected treatment orders to cleanse sacral pressure ulcer with wound cleanser. Pat dry. Apply Aquacel Ag, cut to fit wound bed. Cover with Bordered Foam dressing. Skin barrier wipe to peri wound every night shift every three day(s) and as needed If soiled or displaced.During an observation on 12/03/2025 12:45 PM Licensed Practical Nurse (LPN) U entered R70 room and provided R70 with several oral medications including pain medications. R70 reported pain 10 out 10 on pain scale. RN G and two Certified Nurse Aids entered (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R70 room. RN G removed heavily soiled, undated, dressing from R70 sacral area, used wet wash cloths that were obtained from clear garbage bag to cleans peri wound. RN G told R70 had used warm water on wash clothes for comfort. Wound was about the size of small hand with beefy red wound bed, serosanguinous and slightly yellow drainage and peri wound appeared red with indentations from sheets noted in skin. RN G had unlabeled clear cups on bedside table with moistened gauze in each one that were not use for dressing change. Did not observe RN G clean wound bed. RN G cut Calcium Alginate to fit wound bed and covered with foam bordered dressing. R70 informed RN G that wound clinic changed treatment order to gray colored dressing material to wound bed on 12/1/25 and RN G informed R70 calcium alginate was similar color. This surveyor observed off white color of calcium alginate. R70 appeared to be painful with dressing change as evidenced by facial grimacing and verbalized pain with position changes. Observed heel dressing dated 12/2/25.During an interview on 12/03/2025 at 12:52 PM RN G verified R70 did not have a date on soiled dressing removed from sacral area and reported had thought had last been change the evening prior because overheard staff talking. RN G reported had completed R70 heel dressings on 12/2/25.Review of R70 Wound Clinic Consult, dated 12/1/25, reflected Aquacell AG to all wounds and cover with border foam, change three times per week or as needed for increased drainage. During an observation and interview on 12/03/2025 at 2:04 PM RN G verified used calcium alginate without silver over R70 wound bed and verified facility also had calcium alginate with silver available. RN G was asked what Ag meant in the treatment order, RN G responded, alginate. RN G reported did not know Ag indicated silver so had not used calcium alginate with silver for any of R70's wound treatments.During an interview on 12/03/2025 at 2:10 PM, Director of Nursing (DON) B reported would expect staff to follow physician orders.Review of R70 Pain Care Plan, dated 11/10/25, reflected, Evaluate for verbal and non-verbal signs of pain. Administer pain meds as ordered.[named R70] has pain related to.multiple pressure ulcers in buttocks, left hip, left heel and ankle pressure ulcer(s), complex regional pain syndrome of left upper limb Date Initiated: 11/07/2025 Revision on: 11/10/2025.Review of R70 Medication Administration Record and Controlled Substance Record, dated 11/8/25 through 12/4/25, reflected several discrepancies between Morphine Sulfate 15mg Extended Release and Immediate Release doses.Review of R70 Treatment Administration Record (TAR), dated 12/1/25 through 12/4/25, reflected R70 received a sacral dressing change treatment on 12/1/25 and not on 12/2/25. The TAR reflected no evidence of as needed dressing change completed on 12/2/25 to sacral area per R70 request.Review of R70 Nurse Progress Notes, dated 12/1/25, reflected, Resident had wound clinic appt.[appointment] today. Order change from hydra-lock and Bordered foam. New Order: aquacel Ag[silver] to all wounds cover with foam Change 3 times a week and prn [as needed] for increased drainage F/U [follow up] in 1 week.During an interview on 12/04/2025 at 8:32 AM, R70 reported pain well controlled at that time at 7/10 and reported it often depended on who the nurse was and reported RN G and current nurse do well with administering medications as ordered. R70 reported again the best the pain gets is about 6/10 on pain scale and verified they never reported 2/10 on pain scale yesterday after observed dressing change. R70 reported staff performed dressing changes again after observed by surveyor to add correct ordered treatment and verified pain was not lower than 7/10 after wound care on 12/3/25. R70 verified pain medications administered on 12/3/25, when surveyor was present, was an example of when staff had not been administering pain medications as ordered. During an interview and record review on 12/04/2025 at 8:55 AM, Director of Nursing (DON) B reported staff were expected to follow Physician orders and administer medications within one hour prior to or one hour after ordered time of administration. DON B reported after reviewing R70's, Controlled Substance Record dated 11/8/25 through 12/4/25 had identified issues with staff documenting on wrong Controlled Substance Record because R70 and scheduled and as needed medications. DON B verified R70 had scheduled Morphine Sulfate ER Tablet (Extended Release) 15 MG to be given 1 tablet by mouth two times a day and 10:00a.m. and 10:00p.m. DON G verified R70 also had order for Morphine Sulfate Oral Tablet 15 MG (Morphine Sulfate) Give 1 tablet by mouth every (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	6 hours as needed for moderate to severe that was different from scheduled dose. DON B reported would follow up after reviewing R70's medications.During an interview on 12/04/2025 at 11:00 am, Unit Manager Registered Nurse (UM) D reported reviewed R70 Controlled Substance Records, dated 11/8/25 through 12/4/25 and determined four medication errors had occurred related to nursing staff administering wrong Morphine Sulfate 15mg to R70 by confusing Immediate Release and Extended-Release doses including on 12/3/25. UM D reported planned to educate staff and change process to better label medications. UM D verified medication errors had occurred with more than one staff member. Review of the facility, Wound Treatment Management Policy, revised 10/26/2023, reflected, Wound treatments will be provided in accordance with physician orders, including the cleansing method, type of dressing, and frequency of dressing change .Review of the facility, Controlled Substance Administration & Accountability Policy, revised 10/13/2025, reflected, Policy It is the policy of this facility to promote save, high quality patient care, compliant with state and federal regulation regarding monitoring the use of controlled substances. The facility will have safeguards in place in order to prevent loss, diversion or accidental exposure .Review of the facility, Medication Errors Policy, revised 1/24/2024, reflected, .The facility shall ensure medications will be administered as follows: a. According to physician's orders .Medications administered not in accordance with the prescriber's order. Examples include, but not limited to: i. Incorrect dose, route of administration, dosage form, time of administration; ii. Medication omission; iii Incorrect medication .

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to accurately assess and ensure adequate pain management for one of 18 reviewed for pain (Resident #70), resulting in untreated and unnecessary pain for R70.Review of the Face Sheet, dated 12/3/25, reflected R70 was a [AGE] year-old female admitted to the facility on [DATE], with diagnoses that included paraplegia (paralyzed below waist), multiple pressure ulcers up to stage IV(full thickness tissue/muscle loss), hypertension, pain, anxiety and depression. Review of the Progress Note, dated 11/11/25, reflected, Therapy: unable walk or do transfer she[R70] is dependent on that task max for lower dressing sock and shoes toilet hygiene is max mod assist for upper body dressing bed mobility set up for eating and personal care. Nursing: wound care pain management, medication management, labs super pubic cath. discharge plan go home with significant other. During an observation and interview on 12/01/2025 at 11:55 AM R70 was laying in bed, appeared calm and able to answer questions without difficulty. R70 had a bell on the bedside table along with the roommate and reported the facility call system did not function in that room since they arrived over one month ago, verified by no call lights in room. R70 reported staff often close door and do not respond to bell and often takes up to one hour to get assistance. R70 reported needs staff assist for almost everything including as needed pain medication, bed mobility, toileting and dressing and reported was paralyzed from the waist down. R70 reported has had several issues with controlled pain medications not available because of pharmacy deliveries. R70 reported if staff administer pain medications as prescribed by physician pain is usually controlled under 7 on scale of 0-10. R70 reported pain was mostly related to wounds that were present on admission. During an interview on 12/2/2025 at 10:13 AM Director of Maintenance DM S reported the resident call system in R70 room for both bed one and bed two was not functioning. DM S stated, The call system panel is old and we cannot get parts for repair. I am getting quotes to replace the entire call system. I have two quotes currently and need one other quote. During an observation on 12/01/2025 at 2:13 PM resident in R70's bathroom was ringing the bell. Certified Nurse Aid (CNA) E walked by room. During continued observation at 2:14 PM bell ringing again in R70 room and again at 2:15 PM when Registered Nurse (RN) F entered the room. During an observation and interview on 12/03/2025 at 12:25 PM R70's door was closed, surveyor was granted permission to enter. R70 was lying in bed, appeared anxious, crying and reported had been waiting on pain medications since that morning after three requests to staff and pain was currently 10 out of 10 on pain scale. R70 reported had requested door remain open but staff continue to shut door, and they do not hear and/or respond to bell provided in place of non-functioning call system in room. During an observation on 12/03/2025 12:45 PM Licensed Practical Nurse (LPN) U entered R70 room and provided R70 with several oral medication including pain medications. R70 reported pain 10 out 10 on pain scale. RN G and two Certified Nurse Aids entered R70 room. RN G performed dressing change for sacral wound that was about the size of a small hand. R70 appeared to be painful with dressing change as evidenced by facial grimacing and verbalized pain with position changes. Review of R70 Pain Care Plan, dated 11/10/25, reflected, Evaluate for verbal and non-verbal signs of pain. Administer pain meds as ordered.[named R70] has pain related to.multiple pressure ulcers in buttocks, left hip, left heel and ankle pressure ulcer(s), complex regional pain syndrome of left upper limb Date Initiated: 11/07/2025 Revision on: 11/10/2025. Review of R70 Medication Administration Record (MAR) and Controlled Substance Record, dated 11/8/25 through 12/4/25, reflected several discrepancies between Morphine Sulfate 15mg Extended Release and Immediate Release doses including on 12/3/25. Continued review of the MAR reflected R70 had an order for Morphine Sulfate 15mg Immediate Release every six hours and scheduled dose of Morphine Sulfate 15mg Extended Release two times daily. Continued review of the MAR reflected, Ask the resident if their pain program is effective. Documentation reflected R70 was 1/10 on the morning of 12/3/25 and 2/10 pain on the afternoon of (continued on next page)

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	12/3/25. (When this surveyor observed and heard resident report of 10/10 pain on pain scale to staff.) During an interview on 12/04/2025 at 8:32 AM, R70 reported pain well controlled at that time at 7/10 and reported it often depended on who the nurse was and reported RN G and current nurse do well with administering medications as ordered. R70 reported again the best the pain gets is about 6/10 on pain scale and verified they never reported 2/10 on pain scale yesterday after observed dressing change. R70 reported staff performed dressing changes again after observed by surveyor to add correct ordered treatment and verified pain was not lower than 7/10 after wound care on 12/3/25. R70 verified pain medications administered on 12/3/25, when surveyor was present, was an example of when staff had not been administering pain medications as ordered. During an interview and record review on 12/04/2025 at 8:55 AM, Director of Nursing (DON) B reported staff were expected to follow Physician orders and administer medications within one hour prior to or one hour after ordered time of administration. DON B reported after reviewing R70's, Controlled Substance Record dated 11/8/25 through 12/4/25 had identified a could issues with staff documenting on wrong Controlled Substance Record because R70 and scheduled and as needed medications. DON B verified R70 had scheduled Morphine Sulfate ER Tablet (Extended Release) 15 MG to be given 1 tablet by mouth two times a day and 10:00a.m. and 10:00p.m. DON G verified R70 also had order for Morphine Sulfate Oral Tablet 15 MG (Morphine Sulfate) Give 1 tablet by mouth every 6 hours as needed for moderate to severe that was different from scheduled dose. DON B reported wound follow up after reviewing R70's medications. During an interview on 12/04/2025 at 11:00 am, Unit Manager Registered Nurse (UM) D reported reviewed R70 Controlled Substance Records, dated 11/8/25 through 12/4/25 and determined four medication errors had occurred related to nursing staff administering wrong Morphine Sulfate 15mg to R70 by confusing Immediate Release and Extended-Release doses including on 12/3/25. UM D reported planned to educate staff and change process to better label medications. UM D verified medication errors had occurred with more than one staff member.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to honor dietary preferences for one (Resident #12) out of 3 reviewed for nutrition. Findings include: Review of the medical record reflected R12 was admitted to the facility on [DATE], with diagnoses that included muscle weakness. The Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 8/4/25, reflected R12 scored 15 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). On 12/01/2025 at 10:42 AM, R12 was observed resting in bed. R12 reported difficulties with the facility honoring his meal preferences on his tray ticket. R12 explained that he requested two 8-ounce glasses of iced tea with ice and double portions at lunch and dinner. R12 stated that this preference is seldom honored. Review of R12's meal tray ticket reflected regular diet, double portion entree, vegetable and breakfast meat, no salt packet. Iced tea 16 oz add ice to both TEA 2% milk - 8 oz. (ounce). On 12/01/2025 at 12:44 PM R12's lunch meal was observed. R12 received a carton of one percent milk, one 8-ounce cup of iced tea with no ice, and R12's pork was not a double portion. Review of a Care Plan intervention dated 9/12/23 stated Provide meals/fluids based on resident food preferences and as ordered. In an interview on 12/3/25 at 11:26 AM, Dietary Manager I stated that the expectation would be to follow the tray ticket and honor preferences listed on the tray ticket.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235285	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Lansing	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 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on observation and interview, the facility failed to update the daily staff posting with a current facility census of 75 residents. Findings include: Upon initial entry to the facility at 12/01/2025 at 9:12 AM, the daily staffing post was observed with a last completed date of 11/19/25. On 12/01/2025 at 3:15 PM, the same daily staffing post was observed with the date of 11/19/25. On 12/02/2025 at 7:55 AM, the same daily staffing posting dated 11/19/25 was observed. In an interview on 12/03/2025 at 10:44 AM, Certified Nursing Assistant H stated that she was responsible for the daily staffing posting, however, had been off of work and thought the daily staffing posting had been delegated to another staff member. CNA H was not able to ascertain why the daily staffing post was not updated.