

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Cass City		STREET ADDRESS, CITY, STATE, ZIP CODE  4782 Hospital Dr Cass City, MI 48726	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37668</p> <p>Based on interview and record review, the facility failed to ensure dignified and respectful treatment for one resident (Resident #28) of two residents reviewed, resulting in staff speaking to Resident #28 in an undignified and belittling manner and the resident's verbalization of feelings of frustration and discontentment.</p> <p>Findings include:</p> <p>Resident #28:</p> <p>On 8/28/24 at 9:27 AM, Resident #28 was observed in their room. The Resident was in bed, positioned on their back. Upon entering the room, the room temperature was immediately noted to be uncomfortably hot and humid. A fan was present in the room, but an air conditioning unit was not present in the window. An interview was completed at this time. When queried how they were treated by facility staff, Resident #28 replied that some staff don't give good care. Resident #28 was asked what they meant and stated, (They) act like it is a burden to provide care and assist them. Resident #28 verbalized frustration and indicated they would prefer to be able to do things for themselves, but they are in the facility because they need help. When asked if there are specific staff who make them feel that they are a burden, Resident #28 stated, (Certified Nursing Assistant)[CNA C]. With further inquiry, Resident #28 revealed CNA C asks them, What do you want? when they come in the room in a rude tone. Resident #28 stated, I asked (CNA C) to put me to bed and revealed they waited over an hour and CNA C never returned. Resident #28 then stated, (CNA C) always rolls their eyes when they ask for something. Resident #28 revealed they asked CNA C why they did not like them one day and CNA C told them that it's hot in here (room) and they need to hurry up. When queried if they thought the room was hot, Resident #28 verbalized they were and indicated they had no air conditioning. When queried if they want air conditioning (AC), Resident #28 verbalized they did and stated, (facility staff) said can't put a window AC in the room and they can't open the window because it leaks. When asked about the window leaking, Resident #28 revealed the facility staff informed them they were unable to put a window AC in because there was a problem with the roof which caused the window to leak. Resident #28 was then asked if they had spoke to anyone at the facility about CAN's C, Resident #28 verbalized they had and stated, I've had reports written.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Cass City		STREET ADDRESS, CITY, STATE, ZIP CODE  4782 Hospital Dr Cass City, MI 48726	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #28's Electronic Medical Record (EMR) revealed the Resident was admitted to the facility on [DATE] with diagnoses which included heart failure, respiratory failure, depression, and weakness with bilateral foot drop (inability to raise the front part of the foot and the toes point away from the head). Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed the Resident was cognitively intact, displayed no behaviors, and required maximum to total assistance to complete Activities of Daily Living (ADL) with the exception of eating and oral hygiene.</p> <p>Resident #28's concern/Incident and Accident (I and A) forms were requested from the facility Administrator on 8/28/24 at 3:32 PM.</p> <p>An interview was conducted with CNA C on 8/28/24 at 2:49 PM. When queried if they had provided care to Resident #28 at the facility, CNA C confirmed they had. CNA C was asked what shift they worked and revealed they usually worked day and afternoon shift but had also previously worked night shift. When queried if they had any negative interactions with Resident #28, CNA C initially stated, No. CNA C then stated, The one day (Resident #28) said, I take it you don't like me. I said no. I'm just trying to hurry up and get you done because I am dying in here it is so hot. When asked how Resident #28 responded, CNA C indicated they did not recall. CNA C verbalized there is no air conditioning in the Resident's room, and they had an oxygen concentrator which makes the room even hotter when the door is closed. When queried if they ask Resident #28 what they want when they enter their room, CNA C did not respond.</p> <p>No concern/I and A forms for Resident #28 were received by the conclusion of the survey.</p> <p>Review of facility provided policy/procedure entitled, Resident Rights (Revised: 10/30/23) revealed, 11. The facility will ensure that all staff members are educated on the rights of residents and the responsibility of the facility to properly care for its residents.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Cass City		STREET ADDRESS, CITY, STATE, ZIP CODE  4782 Hospital Dr Cass City, MI 48726	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37668</b></p> <p>Based on observation, interview and record review, the facility failed to ensure the provision of hygiene and daily care for two residents (Resident #28, and Resident #48) of four residents reviewed, resulting in unkept and long toenails, foul odors, and exposed, visible stool on the bedside commode in Resident #48's room.</p> <p>Findings include:</p> <p>Resident #28:</p> <p>On 8/28/24 at 9:27 AM, Resident #28 was observed in their room. The Resident was in bed, positioned on their back with their toothbrush in place on the overbed table in front of the Resident. Upon entering the room, the room temperature was immediately noted to be uncomfortably hot and humid. A fan was present in the room, but there was not an air conditioning unit in the window. An uncovered, pink colored bedpan was observed sitting on top of the garbage can next to the Resident's bed. An interview was completed at this time. When queried regarding the level of assistance they need for transfers and ambulating, Resident #28 revealed staff transfer them using a mechanical lift. A wheelchair was observed in the room. When queried if they are able to brush their teeth in the bathroom when sitting in their wheelchair, Resident #28 revealed they never use the bathroom because it stinks. Upon request, this surveyor entered the bathroom attached to the Resident's room. Upon opening the bathroom door, a foul and pungent, overwhelming odor was immediately noted which permeated into the room. The bathroom was contained a toilet and sink and was shared with another resident room.</p> <p>Upon exiting the bathroom, Resident #28 requested the door be shut. When queried, Resident #28 verbalized the bathroom always sticks horribly and they cannot stand the smell. Resident #28 revealed they were unsure of the reason for the odor. At 9:34 AM on 8/28/24, Certified Nursing Assistant (CNA) A entered Resident #28's room to remove the Resident's toothbrush. While they were in the room, CNA A was asked if they noticed the odor in the bathroom. CNA A confirmed the pungency of odor and stated, It's urine. CNA A revealed they take Resident #28's toiletry items to a sink in a different room to clean them because the odor in the bathroom is so strong and it bothers Resident #28. When queried why the odor was present, CNA A indicated the resident in the adjoining room is incontinent at times. No further explanation was provided.</p> <p>Review of Resident #28's Electronic Medical Record (EMR) revealed the Resident was admitted to the facility on [DATE] with diagnoses which included heart failure, respiratory failure, depression, and weakness with bilateral foot drop (inability to raise the front part of the foot and the toes point away from the head). Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed the Resident was cognitively intact, displayed no behaviors, and required maximum to total assistance to complete Activities of Daily Living (ADL) with the exception of eating and oral hygiene.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Cass City		STREET ADDRESS, CITY, STATE, ZIP CODE  4782 Hospital Dr Cass City, MI 48726	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/29/24 at 9:10 AM, Resident #28 was observed in their room. The Resident was in bed, positioned on their back and the Director of Nursing (DON) was in the room. The DON was observed entering the Resident's bathroom and the pungent odor was immediately noted and became stronger closer to the bathroom. When queried regarding the odor, the DON revealed they did not think it was strong. When asked, Resident #28 revealed they were able to smell it from their bed. No further explanation was provided by the DON.</p> <p>Resident #48:</p> <p>On 8/27/24 at 2:38 PM, Resident #48 was observed sitting in a recliner in their room. There was no bed in the room. A bedside commode was sitting approximately four feet from the recliner and was visible from the hallway of the facility. The smell of feces was present in the room. The bedside commode was uncovered, and a dried brown colored substance was on the seat of the commode. Stool was present in the commode bucket. An interview was completed at this time. When queried if they or their roommate utilized the commode, Resident #48 indicated it was their commode and revealed they are incontinent and wear a brief. Resident #48 stated, I only use my commode when I overfill my brief and they (staff) have to change everything.</p> <p>Record review revealed Resident #48 was admitted to the facility on [DATE] with diagnoses which included diabetes mellitus, falls, gout, and weakness. Review of the MDS assessment dated [DATE] revealed the Resident was moderately cognitively impaired and required maximum to total assistance to complete ADL's with the exception of set-up/clean-up assistance with eating and oral hygiene.</p> <p>On 8/29/24 at 9:50 AM, Resident #48 was observed sitting in the recliner in their room. The brown substance and stool remained on the uncovered bedside commode.</p> <p>An interview was completed with Certified Nursing Assistant (CNA) D on 8/29/24 at 9:56 AM. When queried regarding the commode in Resident #48's room, CNA D confirmed Resident #48 used the bedside commode on occasion. CNA D was asked if they were assigned to provide care to Resident #48 and confirmed they were. When asked if they had been in the Resident's room today, CNA D revealed they had. When queried regarding the substance and bowel movement in/on the bedside commode, CNA D indicated they would go look. CNA D entered Resident #48's room and exited. When asked if they saw the commode, CNA D replied, Yeah, I'm going to go clean it. CNA D was asked what the substance was and replied, Poop. When queried regarding the bedside commode being in the same condition when observed on 8/27/24 at 2:38 PM. CNA D was unable to provide an explanation.</p> <p>Review of facility policy/procedure entitled, Activities of Daily Living (ADL) (Reviewed: 12/23) revealed, 3. A resident who is unable to carry out activities of daily living receives the necessary services to maintain good grooming, and personal and oral hygiene .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Cass City		STREET ADDRESS, CITY, STATE, ZIP CODE  4782 Hospital Dr Cass City, MI 48726	
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38471</p> <p>Based on observation, interview and record review the facility failed to prevent the development of three (one Stage IV and two unstageable) pressure ulcers for one resident (Resident #31), resulting in, Resident #31 developing a right ankle unstageable wound, a left ankle unstageable wound and a Stage IV coccyx wound and delayed wound healing.</p> <p>Findings include:</p> <p>Resident #31:</p> <p>On 8/27/2024 at 10:55 AM, Resident #31 was observed sitting in the wheelchair after staff had completed morning cares. The resident was asked if she had any wounds on her body and she pointed to her coccyx area and stated it was painful.</p> <p>On 8/27/2024 at approximately 1:00 PM, a review was completed of Resident #31's medical record and it revealed she was admitted to the facility on [DATE] with diagnoses that included Alzheimer's Disease, Diabetes, Dementia, Pressure Ulcer of Sacral Region Stage 4, Pressure Ulcer of left ankle and Pressure Ulcer of right ankle, Schizophrenia, Anxiety and Major Depressive Disorder. Further review revealed the following:</p> <p>Care Plan:</p> <p>.Currently has stage 4 to coccyx and unstageable to bilateral ankles . Bed Mobility: 1 person assistance r/t (related to) hip fx (hip fracture). Dressing: 1 person assist .Personal Hygiene: 1 person assist for set up .</p> <p>.Roho cushion in wheelchair to assist with weight distribution . initiated on 1/22/2024</p> <p>January 13, 2024, Readmission Assessment:</p> <p>.Left ankle (outer) brown dry scab .Coccyx redness .resident c/o (complains of) painful heels, soft boots applied .</p> <p>Progress Notes:</p> <p>1/13/2024 at 15:37: .Resident readmitted to facility s/p (status post) right hip fracture surgery, right hip without redness/drainage s/s of infection with 17 staples intact, open to air, hip precautions in place. Advised by hospital resident is 2 assist transfer to wheelchair. Resident c/o bilateral heels painful, upon assessment heels red blanchable, soft with intact skin. Foley removed upon admission to facility, staff advised to monitor voiding .</p> <p>1/23/2024 at 00:00: .seen today after discovery of a pressure wound measuring 6 cm x 4 cm x 2.5 cm . Patient is up in her wheelchair primarily. She requires assistance with her ADL's. On assessment patient is in her bed on her left side. She currently denies pain related to the area. Recommending patient be place on a turn schedule. Limited time up in wheelchair to prevent worsening of the wound .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Cass City		STREET ADDRESS, CITY, STATE, ZIP CODE  4782 Hospital Dr Cass City, MI 48726	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1/24/2024 at 13:48: . was called to resident room r/t (related to) discoloration to bottom. resident noted to have two small open area and dark purple 2 cm width line a crossed buttocks with top layer of skin sloughing off. No drainage noted at this time .staff educated on the importance of resident being placed back in bed between meals and side to side repositioning .</p> <p>4/5/2024 at 00:00: .seen today for reports of bilateral pressure wounds to her outer ankles. Once observed in her bed, she is laying on her right side with soft boots in use. Despite boots there is still pressure to the areas .and believed to be the cause of the wounds .</p> <p>7/15/2024 at 14:41: .Wound nurse continues to evaluate wounds weekly with measurements and pictures, wounds continue to heal slowly .</p> <p>8/9/2024 at 11:41: .Wound nurse continues to assess wound weekly with pictures and measurements, wounds slowly healing, changes being made as needed .</p> <p>On 8/29/2024 at 9:40 AM, an interview was conducted with ADON (Assistant Director of Nursing)/Wound care Nurse regarding Resident #31's three facility acquired wounds. The ADON stated the coccyx wound developed first on 1/22/2024 shortly after her return from the hospital. When asked if it was present upon readmission the ADON stated it was not as she completed the admission skin check of Resident #31. Upon further discussion it was stated the resident was not able to reposition herself in bed and was frequently in her wheelchair. The ADON was asked if the wound developed from not being turned/repositioned and being in her wheelchair for long periods. The ADON reported those are both plausible explanations.</p> <p>The ADON stated Resident #31 additionally has a facility-acquired wound on her bilateral outer ankles that were discovered on 3/18/2024. The resident wore soft heel boots while in bed and was most comfortable laying in a fetal position in bed. Both wounds are on the ankle bone and most likely caused from the boot rubbing against her skin. The ADON reported all three wounds have not resolved but are showing signs of improvement.</p> <p>Further review was completed of Resident #31's facility-acquired wounds:</p> <p>Coccyx:</p> <p>1/22/2024: 6.82 cm x 4 cm x 2.45 cm. In house acquired pressure. Small open areas noted deep purple line noted sloughing of first layer of skin no drainage noted.</p> <p>1/30/2024: 5.25 cm x 4.3 cm x 2.24 cm .Resident noted to have slough throughout wound no drainage at this time .</p> <p>2/5/2024: 8.36 cm x 6.22 cm x 2.85 cm . Resident noted to have slough throughout wound no drainage at this time .</p> <p>3/5/2024: 11.36 cm x 6.26 cm x 3.22 cm .light sanguineous/bloody exudate, 70% granulation and 30% slough .Wound noted to have decrease in slough wound has a depth now of 1 cm with granulation starting to show .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Cass City		STREET ADDRESS, CITY, STATE, ZIP CODE  4782 Hospital Dr Cass City, MI 48726	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>4/2/2024: 4.34 cm x 3 x 1.62 cm x 4 cm (deepest point). Moderate sanguineous/bloody exudate, 10% granulation and 90% slough. Wound bed slough noted to be more of a light gray in color. With pink granulation tissue to outer edge of wound.</p> <p>4/10/2024: 21.96 cm x 7.54 cm x 4.05 cm x 3.5 (deepest point). Light sanguineous/bloody exudate, 90% granulation and 10% slough. Resident had debridement to her unstageable pressure wound to coccyx's wound and is not classified as a stage 4. Light drainage noted at this time and no s/s of infection resident continues on IV and oral antibiotics for wound infection.</p> <p>5/13/2024: 14.12 cm x 6.06 cm x 3.42 cm x 3.5 cm (deepest point). Moderate sanguineous/bloody exudate, 100% granulation. Wound bed had pink granulation tissue some slough notes in spots, depth continues to be 3 cm moderate amount of drainage noted in wound vac at this time.</p> <p>5/29/2024: 15.76 cm x 6.21 cm x 3.75 cm x 3 cm (deepest point). Moderate sanguineous/bloody exudate, 100% granulation. Wound bed had pink granulation tissue dept continued to be 3 cm moderate amount of drainage noted in wound vac at this time.</p> <p>6/10/2024: 14.61 cm x 5.66 cm x 3.84 cm x 2.5 cm (deepest point). Moderate sanguineous/bloody exudate, 100% granulation. Wound bed had pink granulation tissue depth continues to be 3 cm moderate amount of drainage noted in wound vac at this time.</p> <p>6/24/2024: 9.69 cm x 4.67 cm x 2.71 cm x 2.5 cm. No sanguineous/bloody exudate, 70% granulation. Wound bed has become a lighter pink color with some nice red granulation. Continue to have moderate drainage no s/s of infection.</p> <p>7/8/2024: 7.85 cm x 4.23 cm x 2.61 cm x 2 cm (deepest point). Light serous exudate, 100% granulation. Wound bed noted to be getting dry and light white coloring to outer edge of wound bed.</p> <p>7/30/2024: 8.08 cm x 4.24 cm x 2.46 cm x 2 cm. Moderate sanguineous/bloody exudate, 100% granulation. Wound bed noted to be getting beefy red granulation. Outside of wound bed noted to be white and soft drainage is moderate.</p> <p>8/27/2024: 13.16 cm x 4.8 cm x 4.03 cm x 2 cm. Moderate sanguineous/bloody exudate, 100% granulation. Wound bed continues to have granulation tissue noted little yellow slough noted to wound bed. Moderate drainage no s/s of infections diameter wound continue to get smaller. Top left side of wound dark purple area noted, and bottom left has some dark purples noted.</p> <p>Left Lateral Ankle:</p> <p>3/18/2024: 1.22 cm x 1.46 cm x 1. While doing her tx (treatment) noted drainage to left ankle. Slough noted in center of wound with serosanguineous drainage. Peri wound noted to be deep purple in color.</p> <p>4/2/2024: 2.58 cm x 2.24 cm x 1.5 cm. While doing her tx (treatment) noted drainage to left ankle. Slough noted in center of wound with serosanguineous drainage.</p> <p>Right Lateral Ankle:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Cass City		STREET ADDRESS, CITY, STATE, ZIP CODE  4782 Hospital Dr Cass City, MI 48726	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3/18/2024: 1.22 cm x 1.46 cm x 1.2 cm. 100% slough .Slough noted to center of wound with serousangous drainage. Peri wound noted to be deep purple in color .</p> <p>4/2/2024: 3.03 cm x 2.45 cm x 1.78 cm. 100% eschar. Education provided to staff on proper repositioning. Wound bed noted to have eschar present .</p> <p>Review was completed of the facility policy entitled, Pressure Injury Prevention and Management, reviewed 3/20/2024. The policy stated, This facility is continued to the prevention of avoidable pressure injuries and the promotion of healing of existing pressure injuries .The facility shall establish and utilize a systematic approach for pressure injury prevention and management, including prompt assessment and treatment; intervening to stabilize, reduce or remove underlying risk factors; monitoring the impact of the interventions; and modifying the interventions as appropriate .evidence based interventions for prevention will be implemented for all residents who are assessed as at risk or who have a pressure injury present .i. Redistribute pressure .iii. Provide appropriate, pressure-redistributing, support surfaces .</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Cass City		STREET ADDRESS, CITY, STATE, ZIP CODE  4782 Hospital Dr Cass City, MI 48726	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37668</p> <p>Based on observation, interview and record review, the facility failed to implement and operationalize policies and procedures to ensure a thorough investigation, accurate documentation, and implementation of meaningful interventions for fall prevention for two residents (Resident #16 and Resident #23) of two residents reviewed for falls, resulting in a lack of accurate Minimum Data Set (MDS) documentation, comprehensive analysis of falls, a lack of updated and meaningful interventions to prevent falls, and the likelihood of unnecessary pain and injury.</p> <p>Findings include:</p> <p>Resident #16:</p> <p>On 08/28/24 at 9:01 AM, Resident #16 was not in their room. Resident #16's bed was observed to have bilateral, half-length side rails in place. The side rails were very loose and moved several inches with pressure.</p> <p>At 10:37 AM on 8/28/24, Resident #16 was not in their room.</p> <p>Record review revealed Resident #16 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included [NAME] encephalopathy (life threatening acute neurological condition characterized by loss of muscle coordination and balance, eye twitching/spasms, and confusion), weakness, Transient Ischemic Attack (TIA- mini stroke), schizoaffective disorder, bipolar disorder, weakness, and falls. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed the Resident was cognitively intact and required moderate to substantial assistance for transferring, dressing, and toileting. The MDS detailed the Resident had no falls.</p> <p>Review of the facility provided CMS-802 Resident Matrix Form revealed Resident #16 did not have any falls at the facility.</p> <p>Review of Resident #16's Electronic Medical Record (EMR) revealed the following documentation:</p> <p>- 3/28/24 at 8:35 AM: Nurses' Notes . Patient reported to therapy . had a fall in bathroom and got themselves up . no injuries noted .</p> <p>- 3/28/24 at 9:13 AM: Fall- Initial . Date of Fall: 3/28/24 . Most Recent O2 sats . 100.0 (%). Date: 3/23/24 at 9:42 . Most Recent Blood Pressure . 122/70 . Date: 3/26/24 at 9:47 PM . What was resident doing prior to the fall? Self-reported fall. Last seen by nurse wheeling in hall back to bedroom after eating breakfast New intervention(s) implemented post-fall . Patient educated on call bell use and need to wait for assistance .</p> <p>- 3/28/24: Health Care Provider Telehealth - Asynchronous . Patient self-reported a fall in bathroom to therapy, denied fall when asked by this nurse. No injuries noted per nursing .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Cass City		STREET ADDRESS, CITY, STATE, ZIP CODE  4782 Hospital Dr Cass City, MI 48726	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- 3/29/24: Health Care Provider Progress Notes . Acute . Patient is observed in wheelchair . reports self-transferred in the bathroom because everyone was busy and (they) had to go. Patient denies injury or hitting head . Repeated falls: No injury .</p> <p>- 4/29/24 at 10:24 PM: Nurses' Notes . Resident observed on floor lying on right side facing bathroom door with no injury's noted at this time. Resident stated 'I fell asleep and fell out of chair because I'm tired' .</p> <p>- 4/29/24 at 10:28 PM: Fall- Initial . Date of Fall: 4/29/24 . Last time toileted prior to fall: 8:00 PM . What was Resident doing prior to fall? In wheelchair sleeping . New Intervention implemented post-fall . Describe change in footwear: Need gripper socks on at all time .</p> <p>- 4/29/24: Health Care Provider Telehealth - Asynchronous . Notified resident was observed on the floor. No injury .</p> <p>- 4/30/24: Progress Notes . Visit Type: Acute . Fall . seen for F/U after a fall last night. (Resident #16) started leaning forward and landed on the floor face first . Unspecified fall, initial encounter: No Obvious Post-Fall Injury. Will have Psych Review Meds .</p> <p>- 7/7/24: Telehealth - Asynchronous (Provider Note) . Unwitnessed fall this morning . was found on the floor by the aid (Certified Nursing Assistant [CNA]) and was not sure how long had been on the floor. (Resident #16) had urinated on self. Neurochecks initiated . is on Plavix (antiplatelet medication used to prevent blood clots) and unsure if hit head. (Blood Pressure) 87/52 (hypotensive - low). Left shoulder pain 7/10 after was back in bed, but moving back to bed was in quite a bit of pain. STAT x-ray ordered of Left shoulder .</p> <p>- 7/8/24 at 4:53 AM: Fall- Initial . Date of Fall: 7/7/24 . Most Recent Blood Pressure . 126/76 (mmHg) Date: 7/8/24 at 12:25 AM . Describe new physician orders: X-ray of Left Forearm &amp; Shoulder . Last time resident was toileted prior to fall: 7/7/24 at 6:00 AM . What was resident doing prior to the fall? . was getting ready for breakfast . Does the resident have new complaint of pain? No . New intervention(s) implemented post-fall . Staff to assist resident with AM care . Additional comments: No change in mentation with no new injuries noted. No c/o pain or discomfort. Call light within reach .</p> <p>- 7/9/24: Health Care Provider Progress Notes . Visit Type: Acute . Fall Several Days Prior . seen for F/U (follow up) after a fall recently. Pt started leaning forward and landed on the floor face first . Unspecified fall, initial encounter: No Obvious Post-Fall Injury. Cont. Fall Precautions .</p> <p>On 8/29/24 at 9:54 AM, Resident #16 was observed in their wheelchair in the hallway of the facility. The Resident's right arm was positioned on an additional padded rest on the wheelchair, and they were using their legs to propel themselves towards their room. The Resident was slid down in their wheelchair with their bottom not positioned at the back of the wheelchair. When asked questions, Resident #16 murmured but did not provide a clear response.</p> <p>Review of Resident #16's facility provided Incident and Accident (I and A) forms revealed the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Cass City		STREET ADDRESS, CITY, STATE, ZIP CODE  4782 Hospital Dr Cass City, MI 48726	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- 3/28/24 at 9:04 AM: Unwitnessed Fall . Resident's Room . Therapy notified this nurse patient self-reported a fall in bathroom. Stated . got themselves up but did not tell nurse or CNA . Patient denies unwitnessed fall to this nurse . Root Cause: Self transfer to bathroom in room and didn't use call light. Educated to use call light and wait for assistance. Resident had shoes on . Predisposing Environmental Factors . None . Predisposing Physiological Factors . Recent change in Medications/New Medications . Gait Imbalance . Predisposing Situational Factors . Ambulating without Assist .</p> <p>- 4/29/24 at 10:00 PM: Observed on Floor . Resident's Room . Nurse observed Resident on floor lying on right side facing bathroom door . Resident stated was sleeping in chair . Was this incident witnessed: Y . Root Cause: Resident fell asleep in wheelchair and fell forward out of wheelchair. Intervention: Sleep diary has been initiated, psych services to review medications . Predisposing Environmental Factors . None . Predisposing Physiological Factors . None . Predisposing Situational Factors . None . Statements: (Licensed Practical Nurse [LPN] I) I was called to resident room and observed resident lying on the floor .</p> <p>- 7/7/24 at 7:45 AM: Unwitnessed Fall . Resident's Room . Aide came and got nurse stating that she could not open residents door due to them laying in front of it. Went in through the bathroom, resident laying on left shoulder/side, wheelchair behind them and side table against the wall by the door, resident stated ' . was trying to pick something off the floor and fell , did not hit head, shoulder 7/10 pain, didn't know how long was on the floor, did have incontinent episode' . resident own person asked if wanted to be sent out or get x-ray in house. Resident stated that wanted to stay in room. Stat x-ray ordered . Resident getting up for the morning, got in wheelchair and went to bedside table by door. Went to pick something off the floor and leaned to far forward and fell . Landed on left shoulder/side, couldn't get up or reach call light . Immediate Action Taken . provider ordered xray as resident c/o (complain of) pain . Root Cause: Resident has deficits in balance, vision, and has impulsive behaviors. Intervention: Xray on left shoulder, educated resident to use call light for assistance before attempting task, use their reacher when trying to obtain items out of reach. Resident continues on therapy . Predisposing Environmental Factors . Poor lighting . Predisposing Physiological Factors . Gait Imbalance . Predisposing Situational Factors . None . Statements: (LPN E) . Resident was inside door when . arrived to room with CNA . did not want to go to hospital to be CT scanned . (CNA F) . (Went) to check on resident . normally up early. I tried opening the door and couldn't. I saw the resident legs, went though the bathroom, (Resident #16) was laying on the floor .</p> <p>Review of pain documentation in Resident #16's EMR on 7/7/24 revealed the Resident's pain level was 8 out of 10 at 7:51 AM and 7 out of 10 at 2:48 PM.</p> <p>Review of Resident #16's care plans revealed a care plan entitled, (Resident #16) is at risk for falls/injury related to decreased strength and endurance, generalized weakness, history of falls (Initiated and Revised: 8/9/23). The care plan included the interventions:</p> <ul style="list-style-type: none"> <li>- (Resident #16) educated to use call light and wait for assistance, staff to offer toileting with every face-to-face interaction (Initiated: 3/28/24; Revised: 4/12/24)</li> <li>- Encourage resident to use call light and wait for assistance and use of grabber (Initiated: 7/7/24)</li> <li>- Encourage/educate (Resident #16) to use call light (Initiated: 8/9/23; Revised: 4/3/24)</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Cass City		STREET ADDRESS, CITY, STATE, ZIP CODE  4782 Hospital Dr Cass City, MI 48726	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>- Frequent reminders not to ambulate without assist (Initiated: 8/23/23)</li> <li>- MD medication review, psych medication review, labs, sleep diary initiated (Initiated: 4/30/24)</li> <li>- Bed enablers to help promote bed mobility and promote independence (Initiated and Revised: 8/9/23)</li> <li>- Encourage (Resident #16) to wear glasses; assist with applying as needed (Initiated and Revised: 8/9/23)</li> <li>- Ensure (Resident) room is free from accident hazards . (Initiated and Revised: 8/9/23)</li> <li>- Place call light within reach (Initiated: 8/9/23)</li> </ul> <p>Another care plan entitled, (Resident #16) has an ADL self-care performance deficit related to history of TIA, weakness (Initiated and Revised: 8/9/23) in their EMR. This care plan included the interventions:</p> <ul style="list-style-type: none"> <li>- Toileting: 2 person assist (Initiated: 8/9/23; Revised: 7/12/24)</li> <li>- Transfers: 2 person assist (Initiated: 8/9/23; Revised: 7/10/24)</li> <li>- Encourage to use call light when assistance is needed (Initiated and Revised: 8/9/23)</li> </ul> <p>Resident #16 did not have a care plan and/or intervention in place related to gripper socks and/or non-slip footwear.</p> <p>Resident #23:</p> <p>On 8/27/24 at 4:27 PM, Resident #23 was observed in their room. The Resident was in bed, positioned on their back with their eyes closed. A wheelchair with leg rests in place was positioned next to the Resident's bed. Resident #23's room was noted to be the last room at the end of the hallway and the furthest from the nurses' station.</p> <p>On 8/28/24 at 9:00 AM, Resident #23 was observed sitting in their wheelchair in their room. The Resident's legs were positioned on the wheelchair leg rests and an overbed table was in place in front of them. The wheelchair was facing away from the door, toward the room divider curtain. Resident #23's call light was not within their reach.</p> <p>While in a resident room across the hall on 8/28/24 at 9:09 AM, a Resident was heard yelling for help. Upon approaching Resident #23's room, the Resident was observed laying on the floor between the bed and the wheelchair. The Resident's head was on the floor, towards wall with the room door and away from the room divider curtain. The wheelchair was in the same place as prior observation at 9:00 AM and the bilateral footrests remained in place. The call light was not visualized.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Cass City		STREET ADDRESS, CITY, STATE, ZIP CODE  4782 Hospital Dr Cass City, MI 48726	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review revealed Resident #23 was most recently admitted to the facility on [DATE] with diagnoses which included respiratory failure, heart failure, falls, dementia, and Alzheimer's disease. Review of the MDS assessment dated [DATE] revealed the Resident was severely cognitively impaired and required maximum to total assistance to complete all ADL's with the exception of eating. The MDS further revealed Resident #23 had one fall with injury since their prior MDS assessment.</p> <p>Review of the facility provided CMS-802 Resident Matrix Form detailed Resident #23 was receiving Hospice services and did not have any falls at the facility.</p> <p>Review of Resident #23's EMR revealed the following documentation:</p> <ul style="list-style-type: none"> <li>- 10/13/23 at 10:24 PM: Nurses' Notes . Resident lying on left hip with left hand supporting Resident up and Head facing towards the window .</li> <li>- 10/13/23 at 11:20 PM: Fall- Initial . Date of Fall: 10/13/23 . Most Recent Blood Pressure . Date: 10/5/23 at 7:54 AM . Last time resident was toileted prior to fall: 10/13/23 at 7:00 PM . What was resident doing prior to fall? Lying in bed . New intervention implemented . Reminder to use call light before getting up .</li> <li>- 10/17/23 at 3:36 AM: Fall- Initial . Date of Fall: 10/17/23 . Last time . toileted . 2:00 AM . New intervention (s) implemented post fall . environmental modification . WC to be placed next to bed for easier access .</li> <li>- 10/17/23: Health Care Provider Progress Notes . Acute visit for fall out of bed . Patient was attempting to self-transfer from bed to the wheelchair when fell on to the floor. Nursing staff Assisted into the wheelchair. No obvious injury . Recurrent falls .</li> <li>- 4/11/24 at 3:08 AM: Nurses' Notes . This writer heard yelling and went down the hall and observed Resident lying on back on the floor next to bed. When this writer ask what was trying to do, stated, 'I'm trying to get to my wife.' .</li> <li>- 4/11/24 at 3:17 AM: Fall- Initial . Date of Fall: 4/11/24 . Most Recent Blood Pressure . 111/64 Date: 4/5/24 1:45 PM . What was resident doing prior to fall? Lying in bed . Injury . Skin tear to left elbow . New intervention implemented post-fall . Bed height adjustment .</li> <li>- 8/28/24 at 11:27 AM: Was called to residents room. Resident was noted next to bed on the floor between bed and wheelchair. Head towards foot of bed and feet towards head of bed. Resident stated just wanted back into bed and didn't make it. Resident assessed no injuries noted . New intervention applied don't leave resident alone in room in wheelchair .</li> <li>- 8/28/24 at 11:31 AM: Fall - Initial . Date of Fall: 8/28/24 . Most Recent Blood Pressure . Date: 7/15/24 at 10:41 AM . Last time . toileted . 8/28/24 at 9:00 AM . What was resident doing prior to the fall? Sitting in wheelchair eating breakfast . New Intervention implemented post-fall . not to be left in the room while in wheelchair</li> </ul> <p>Review of I and A forms for Resident #23 revealed the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Cass City		STREET ADDRESS, CITY, STATE, ZIP CODE  4782 Hospital Dr Cass City, MI 48726	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- 10/13/23 at 10:08 PM: Un-witnessed Fall . Resident's Room . Resident lying on left hip with left hand supporting Resident up and head facing towards the window . Root Cause: Self transfer to wheelchair. Intervention: If resident awake . assist to nurses' station for closer observation . Predisposing Environmental Factors . None . Predisposing Physiological Factors . Incontinent . Predisposing Situational Factors . None . Statements . (RN I) . Resident had been resting quietly all night . does attempt to self-transfer .</p> <p>- 10/17/23 at 3:00 AM: Un-witnessed Fall . Resident's Room . (Resident #23) yelling help, upon entering room observed pt (patient) sitting on buttocks leaning against bed, with feet out in from of them. WC (wheelchair) unlocked at pt's feet. Resident Description: Getting in my chair . Root Cause: Resident impulsive and attempted self-transfer to wheelchair. Resident lacks safety awareness. Intervention: Continue assisting resident to nurses' station for closer observation if awake during night along with collaboration with hospice for further intervention . Predisposing Environmental Factors . None . Predisposing Physiological Factors . Confused . Predisposing Situational Factors . Ambulating without Assist . Statement . Spoke with charge nurse . stated resident was last toileted at 12:38 AM .</p> <p>- 4/11/24 at 2:51 AM: Unwitnessed Fall . Resident's Room . Resident in room yelling for help at 2:30 AM when this writer went into room. Resident was observed on floor next to bed lying on back . Root Cause: Confusion, resident looking for wife d/t (due to) advanced vascular dementia. Intervention: Will initiate perimeter mattress . Bed in lowest position . Injury . Skin Tear . Left elbow . Predisposing Environmental Factors . None . Predisposing Physiological Factors . Impaired Memory . Predisposing Situational Factors . None . Statements . (CNA J) . I heard resident calling for help, when I entered room . was lying on the floor on left side beside bed .</p> <p>- 8/28/24 at 9:16 AM: Observed on Floor . Was called to resident's room. Resident was noted next to bed on the floor between bed and wheelchair. Head toward foot of bed and feet towards head of bed . Resident stated they just wanted back to bed . Predisposing Environmental Factors . None . Predisposing Physiological Factors . Impaired Memory . Predisposing Situational Factors . None . Statements . (CNA K) . Resident was sitting in wheelchair eating breakfast, half hour prior to fall .</p> <p>Review of Resident #23's EMR revealed a care plan entitled, (Resident #23) is at risk for falls/injury related to Alzheimer's dystonia, poor eyesight (Initiated: 10/20/23; Revised: 10/30/23). The care plan included the interventions:</p> <ul style="list-style-type: none"> <li>- Bed in lowest position while in bed (Initiated: 4/11/24)</li> <li>- Do not leave resident up in wheelchair alone in room (Initiated: 8/28/24)</li> <li>- (Resident #23) is impulsive and continue to self-transfer (Initiated: 10/30/23; Revised: 4/12/24)</li> <li>- Perimeter mattress in place to assist with bed boundaries (Initiated: 4/17/24)</li> <li>- When (Resident #23) is awake, assist to nurses' station for closer observation collaborate with hospice for any further intervention (Initiated: 10/30/23; Revised: 4/12/24)</li> <li>- Place call light within reach (Initiated: 10/20/23)</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Cass City		STREET ADDRESS, CITY, STATE, ZIP CODE  4782 Hospital Dr Cass City, MI 48726	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/29/24 at 9:50 AM, Resident #23 was observed in their room in bed. The Resident's eyes were closed.</p> <p>An interview and review of Resident falls was completed with the Director of Nursing (DON) on 8/29/24 at 4:26 PM. When queried regarding Resident #16's fall on 3/28/24, the DON indicated they were unsure if the Resident had actually fell . When queried regarding the intervention implemented following the fall, the DON specified the Resident was educated to use their call light. The DON was then queried regarding the meaningfulness of the intervention, as the same intervention was in place and initiated on 8/3/23, the DON reviewed the Resident's care plan and confirmed the intervention was already in place. When asked if the Resident's call light was on, due to documentation indicating the Resident self-transferred to the bathroom because everyone was busy, the DON revealed they did not know. The DON was then asked what intervention was implemented following the residents fall on 4/29/24. After reviewing the Resident's EMR and fall documentation, the DON stated, Gripper socks. When queried where the intervention on the Resident's care plan, the DON reviewed the care plan and confirmed Resident #16 did not have an intervention in place related to non-slip footwear and/or gripper socks. When asked why the intervention was not added, an explanation was not provided. When queried what footwear Resident #16 had in place when they fell and if their call light was in reach, the DON reviewed the documentation and revealed they did not know because it was not documented. When queried regarding the interventions implemented following Resident #16's fall on 7/7/24, the DON reviewed the EMR and indicated they were educated to use their call light and grabber. When asked if the Resident already had a grabber, the DON revealed they did.</p> <p>When queried regarding the meaningfulness of implementing the same intervention already on the care plan, the DON verbalized understanding. The DON was then asked why the post fall assessment was not completed until 7/8/24 and indicated nursing staff may have forgotten. When queried regarding contractionary documentation related to pain in the EMR, the DON was unable to provide an explanation. When queried regarding the location of the call light and the last time the Resident was visualized by staff for each fall, the DON revealed they did not know if the information was not included on the fall documentation. When queried if Resident #23 was a high fall risk, the DON confirmed they were. When queried why a Resident who is at risk for falls and confused was in the last room of the hall, furthest from the nurses' station, the DON did not provide an explanation but revealed they understood. When queried regarding the fall on 8/28/24, the DON indicated the Resident was eating and then attempted to self-transfer to bed. When queried if the Resident's call light was in reach when they were in their chair, the DON reiterated they did not know if it was not included in the fall documentation. The DON was informed of observations prior to the fall and asked why the call light was not in reach but was unable to provide an explanation. When queried if the Resident had tripped over the wheelchair leg rests, the DON revealed they did not know but indicated it was possible. The DON was then asked why the leg rests were not removed but did not provide an explanation. When queried why the Resident was left alone in their room when their care plan included an intervention to assist to the nurses' station for closer observation when awake, no further explanation was provided. When queried regarding interventions implemented for previous falls and analysis completed to identify the cause of the falls, the DON verbalized they understood the need for additional documentation and analysis to implement meaningful interventions.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Cass City		STREET ADDRESS, CITY, STATE, ZIP CODE  4782 Hospital Dr Cass City, MI 48726	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of facility policy/procedure entitled, Fall Prevention Program (Reviewed/Revised: 10/26/23) revealed, Each resident will be assessed for the risks of falling and will receive care and services in accordance with the level of risk to minimize the likelihood of falls . 5. Each resident's risk factors and environmental hazards will be evaluated when developing the resident's comprehensive care plan. a. Interventions will be monitored for effectiveness. b. The plan of care will be revised as needed. 6. When any resident experiences a fall, the facility will: a. Assess the resident. b. Complete a post-fall assessment. c. Complete an incident report . e. Review the resident's care plan and update as indicated. f. Document all assessments and actions. g. Obtain witness statements in the case of injury.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Cass City		STREET ADDRESS, CITY, STATE, ZIP CODE  4782 Hospital Dr Cass City, MI 48726	
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39059</p> <p>Based on observation, interview and record review, the facility failed to ensure positioning and follow care-planned interventions during enteral feeding for two residents (Resident #19, Resident #50) of two residents reviewed for enteral feeding assistance, resulting in the likelihood of aspiration and/or enteral tube malfunction.</p> <p>Findings include:</p> <p>Resident #19:</p> <p>On 8/27/24, at 10:51 AM, Resident #19 was resting in bed scooted down slightly sideways in their bed which was approximately 20 degrees. Their tube feeding was not hooked up. They did not have on an abdominal binder.</p> <p>On 8/27/24, at 12:01 PM, Resident #19 was in the same position in their bed. Their tube feeding was hooked up and running. They did not have on an abdominal binder.</p> <p>On 8/27/24, at 3:30 PM, a review of Resident #19's electronic medical record revealed an admission on 8/01/2024 with diagnoses that included laceration of the cerebellum with loss of consciousness, impaired gastrointestinal status requiring enteral feeding and subdural hemorrhage. Resident #19 required extensive assistance and had severely impaired cognition.</p> <p>A review of the care plans revealed the following interventions:</p> <p>ABD (abdominal) binder on at all times Date Initiated: 08/14/2024</p> <p>Keep head at 30 degrees at all times during tube feeding and for 30 min post feeding completion. Date Initiated: 08/21/2024</p> <p>On 8/28/24, at 8:35 AM, Resident #19 was sitting in their wheelchair. They had on an abdominal binder.</p> <p>On 8/28/24, at 4:00 PM, Resident #19 was resting in their bed scooted down in the bend of the bed with their head nearly flat with their tube feeding hooked up and infusing.</p> <p>On 8/28/24, at 4:12 PM, Resident #19 was in the same position. Two staff members entered the room and assisted the resident with repositioning in their bed. Nurse E provided that the resident often needs repositioning.</p> <p>On 8/29/24, at 4:06 PM, Resident #19 was resting in their bed scooted down to the bend in the bed with their head nearly flat with an approximate elevated degree of 15.</p> <p>37668</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Cass City		STREET ADDRESS, CITY, STATE, ZIP CODE  4782 Hospital Dr Cass City, MI 48726	
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #50:</p> <p>On 8/27/24 at 4:19 PM, an observation occurred of Resident #50 in their room. The Resident was in bed, positioned on their back with their head elevated between approximately 20 and 25 degrees. Jevity 1.5 CAL enteral feeding solution at 70 milliliters (mL) per hour with a 200 mL flush every two hours was infusing via pump. An orange magnet device to measure the degree of elevation of the head of bed was present on Resident #50's bed. The measurement device stated the head of Resident #50's bed was elevated 24 degrees. Resident #50 was covered with a blanket from the chest down. Both of their hands and wrists appeared contracted with their hands bend inwards towards their inner arm and their fingers at different angles. When spoke to, Resident #50 made eye contact but did not provide meaningful verbal responses and made non-intelligible sounds. Resident #50 had a moist sounding cough, and their breathing was audible and moist sounding.</p> <p>Record review Resident #50 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses which included respiratory failure, gastrostomy (feeding tube), cognitive communication deficit, and [NAME] encephalopathy (life threatening acute neurological condition characterized by loss of muscle coordination and balance, eye twitching/spasms, and confusion). Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed the Resident was rarely/never understood, had impaired Range of Motion (ROM) in both their upper and lower extremities, and was totally dependent upon staff for completion of Activities of Daily Living (ADL).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Cass City		STREET ADDRESS, CITY, STATE, ZIP CODE  4782 Hospital Dr Cass City, MI 48726	
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39059</p> <p>Based on observation, interview and record review, the facility failed to store and care plan Continuous Positive Airway Pressure (CPAP) masks appropriately, administer oxygen per physicians' orders and provide appropriate water for the CPAP machine for three residents (Resident #22, Resident #23, Resident #67) of three residents reviewed for Oxygen/CPAP use, resulting in the likelihood of infection and abnormal oxygen levels.</p> <p>Findings include:</p> <p>Resident #22:</p> <p>On 8/27/24, at 8:38 AM, Resident #22's CPAP mask was face down uncovered resting on their nightstand.</p> <p>On 8/27/24, at 3:15 PM, a record review of Resident #22's electronic medical record revealed an admission on 07/29/2024 with diagnoses that included Obstructive Sleep Apnea, Diabetes Mellitus and Traumatic Subdural Hemorrhage.</p> <p>A review of the Physician orders revealed CPAP 14/5 Rate . at bedtime . Start Date 7/30/2024 .</p> <p>A review of the care plan revealed no care plan for the CPAP machine and need.</p> <p>Resident #67:</p> <p>On 8/27/24, at 8:38 AM, Resident #67's CPAP mask was resting face down uncovered on their nightstand.</p> <p>On 8/28/24, at 8:31 AM. Resident #67 was in their wheelchair. Their CPAP mask was covered and stored on their nightstand. There was 1 gallon of purified water with a small amount missing. There was 1 gallon of distilled water with a small amount missing. Resident #67 was asked why they had the two different types of water and what did they use it for, and Resident #67 offered that the facility provided the purified water but couldn't use it in their CPAP machine because it had minerals in it. Resident #67 further offered that their wife brought in the distilled water the evening before.</p> <p>37668</p> <p>Resident #23:</p> <p>On 8/27/24 at 4:27 PM, Resident #23 was observed in their room. The Resident was in bed, positioned on their back with their eyes closed. Nasal Cannula (NC) oxygen administration tubing was laying on the Resident's chest and not in their nose. The oxygen concentrator was on.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Cass City		STREET ADDRESS, CITY, STATE, ZIP CODE  4782 Hospital Dr Cass City, MI 48726	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review revealed Resident #23 was most recently admitted to the facility on [DATE] with diagnoses which included respiratory failure, pulmonary fibrosis (scarred and damaged lung tissue), heart failure, falls, dementia, and Alzheimer's disease. Review of the MDS assessment dated [DATE] revealed the Resident was severely cognitively impaired and required maximum to total assistance to complete all ADL's with the exception of eating. The MDS further detailed the Resident received oxygen therapy.</p> <p>Review of Resident #23's Health Care Provider orders in the Electronic Medical Record (EMR) revealed the order, Oxygen: Run @ [2]L (liters)/Min via NC . Continuous to keep Oxygen saturation above 90% every day and night shift .</p> <p>Review of Resident #23's EMR revealed a care plan entitled, (Resident #23) has an impaired pulmonary/respiratory status related to pulmonary fibrosis (Initiated: 10/20/23; Revised: 10/30/23). The care plan included the intervention, Oxygen as ordered 2L NC continues (Initiated: 10/20/23; Revised: 10/30/23).</p> <p>On 8/29/24 at 9:50 AM, Resident #23 was observed in their room in bed. The Resident was positioned on their back with their eyes were closed. Resident #23 was receiving oxygen via NC at 1.5 L/minute.</p> <p>An interview was completed with Licensed Practical Nurse (LPN) L on 8/29/24 at 10:04 AM. When queried regarding Resident #23's oxygen therapy, LPN L verbalized the Resident was receiving oxygen at 2L/minute continuously. When queried regarding the Resident's oxygen administration rate currently being set at 1.5L/min, LPN L stated, Okay, I will go fix it. LPN L proceeded to go Resident #23's room and return to the nurses' station. When queried, LPN L confirmed they corrected the Resident's oxygen flow delivery rate. No further explanation was provided.</p> <p>Review of facility provided policy/procedure entitled, Oxygen Administration (Reviewed/Revised: 10/26/23) revealed, Policy . 1. Oxygen is administered under orders of a physician .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Cass City		STREET ADDRESS, CITY, STATE, ZIP CODE  4782 Hospital Dr Cass City, MI 48726	
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>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>37668</p> <p>Based on observation, interview and record review, the facility failed to implement and operationalize processes and procedures to ensure pharmacological oversight of controlled and narcotic medications, including accurate electronic order entry, monitoring and accountability of receipt, dispensing, administration, and disposal in two of three medication carts and one of medication rooms reviewed.</p> <p>This deficiency resulted in expired medications as well as inaccurate controlled and narcotic medication reconciliation for five residents (Resident #3, Resident #11, Resident #31, Resident #50, and Resident #503) and the likelihood for additional medication errors, inappropriate medication use and administration, and diversion which has the potential to affect all 68 residents residing in the facility.</p> <p>Findings include:</p> <p>A tour and narcotic medication reconciliation/count of the C-Hall medication cart was completed with Licensed Practical Nurse (LPN) L on 8/28/24 at 12:50 PM. The following items were identified during the narcotic medication reconciliation/count:</p> <ul style="list-style-type: none"> <li>- Vimpat (controlled substance medication used for treatment of seizures) 10 mg (milligram)/milliliter (mL) for Resident #11. On the paper Control Substance Record for the medication, the last administered dose dated 8/28/24 at 8:00 (AM) had a line drawn through it but did not have error written. LPN L was asked if the medication was administered and revealed a different nurse was working the cart at that time. When queried regarding the time through the administration documentation, LPN L confirmed the documentation was unclear but was unable to provide further explanation.</li> <li>- Ativan (controlled substance medication commonly used to treat anxiety) 0.5 milligrams (mg) for Resident #39. The paper Control Substance Record for the medication specified the last administered dose was on 8/27/24 at 9:00 PM and there should be seven pills remaining in the Resident's medication blister pack. There were six pills in the blister pack.</li> </ul> <p>When queried regarding the discrepancy between the number of pills present in the blister pack and the number which should be present per the Control Substance Record, LPN L indicated the prior nurse may not have signed the medication out on the Control Substance Record when they administered it. A review of Resident #39's electronic Medication Administration Record (eMAR) revealed the medication was documented as administered on 8/28/24 in the morning. When queried if controlled/narcotic medications are supposed to be documented on the eMAR and the Control Substance Record at the time of administration, LPN L confirmed they are.</p> <ul style="list-style-type: none"> <li>- A Control Substance Record for Ativan 0.5 mg; quantity 30 tablets was present for Resident #50. The Ativan was not in the medication cart.</li> </ul> <p>When queried where Resident #50's Ativan was, LPN L went through all the controlled substance medications in the cart and stated it was not there.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Cass City		STREET ADDRESS, CITY, STATE, ZIP CODE  4782 Hospital Dr Cass City, MI 48726	
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>Resident #50 had separate Control Substance Sheet for Ativan 0.5 mg in the narcotic medication book on the medication cart. This sheet specified 30 tablets were received and 18 were left in the blister pack which accurately reconciled with the number of tablets remaining in the blister pack. The prescription information on the blister pack detailed the order was written on 8/6/24 for 58 tablets and filled on 8/7/24.</p> <p>- A blister pack of Xanax (controlled medication used to treat anxiety) was present in the medication cart labeled for administration to Resident #50. There was no corresponding paper Control Substance Record for this medication.</p> <p>When queried why there was a medication in the cart without a Control Substance Record, LPN L revealed each controlled medication should have a form but was unable to location and/or explain where the form was.</p> <p>The Director of Nursing (DON) was requested at this time.</p> <p>On 8/28/24 at 1:42 PM, the DON arrived at the medication cart. When queried regarding Resident #50 having a Control Substance Record for Ativan 0.5 mg tablets and the medication not being in the medication cart, the DON went through the medications and confirmed it was not there. When queried why Resident #50 had a blister pack of Xanax in the drawer without a Control Substance Record, the DON confirmed the medication was present with a paper Control Substance Record. The DON indicated they were unable to provide an explanation at this time but would look into it. When queried regarding expectations related to nursing staff documentation of controlled substance medication administration, the DON revealed nursing staff have to sign the medication out on the Control Substance Record, update the count, and on the eMAR. The DON was then shown the discrepancies between the Control Substance Record and blister pack for Resident #39's Ativan 0.5 mg tablets. The DON confirmed the discrepancy. The DON was then shown Resident #11's Control Substance Record for Vimpat. When queried regarding the line drawn through the written medication administration documentation meant, the DON verified the administration appeared to have been crossed out. When asked if nursing staff are supposed to write error when crossing out an administration, the DON confirmed they are.</p> <p>On 8/28/24 at 1:50 PM, the Assistant Director of Nursing (ADON) entered the conference room. The ADON brought Resident #39's Control Substance Record form with them and stated, I didn't sign out the Ativan. The ADON proceeded to sign and document administration of Ativan from the morning on Resident #39's Control Substance Record form. When queried if controlled medications are supposed to be signed out on the paper form and counted at the time of administration to the Resident, the ADON verbalized they are. When asked why they did not count/sign out the medication when it was administered, the ADON revealed they were busy and forgot. When queried if they had signed Resident #11's Control Substance Form for Vimpat on 8/28/24 at 8:00 (AM), the ADON confirmed they had. The ADON was then asked about the line drawn through the medication administration documentation and verbalized they administered the medication. No further explanation was provided.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Cass City		STREET ADDRESS, CITY, STATE, ZIP CODE  4782 Hospital Dr Cass City, MI 48726	
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>An interview was completed with the DON on 8/28/24 at 2:36 PM. The DON provided documentation from the pharmacy specifying 58 Xanax tablets had been sent to the facility for Resident #50 on 6/14/24. The DON stated, The Doctor ordered Xanax, not Ativan per the pharmacy. When queried if they were saying the Resident was not supposed to be getting Ativan because Xanax was ordered, the DON reiterated pharmacy told them that the Doctor ordered Xanax. When asked why Ativan was still in the drawer, if Resident #50 was not supposed to be receiving it, and why there was a blister pack of Xanax in the medication cart with no Control Substance Record form. The DON replied, Not sure. A review of Resident #50 Health Care Provider Orders and eMAR was completed with the DON at this time. Resident #50 had an active order for, Ativan Oral Tablet 0.5 mg . 1 tablet by mouth two times a day for anxiety . (Start Date: 6/19/24). The eMAR revealed the medication was documented as administered twice a day for the month of August 2024. When queried if Resident #50 was supposed to be receiving Ativan and not Xanax, the DON stated, Yes. The DON was queried again regarding the location of the blister back of 30 Ativan tablets not in the medication cart and was unable to provide an explanation.</p> <p>A tour and narcotic medication reconciliation/count of the B-Hall medication cart was completed with LPN E on 8/28/24 at 2:54 PM. During the narcotic medication reconciliation/count, a discrepancy was identified in Resident #31's Xanax 0.5 mg count. The Control Substance Record detailed the Resident should have 30 tablets in the blister medication pack. There were only 29 tablets present in the blister medication pack. When queried regarding the discrepancy, LPN E revealed they must have forgotten to sign the medication out on the Control Substance Record when they administered it.</p> <p>On 8/28/24 at 3:35 PM, the facility Administrator was observed going through the C-Hall medication cart with LPN L. When asked, the Administrator verbalized they were looking for the missing narcotic medication blister pack for Resident #50.</p> <p>During a tour of the Medication Room on 8/28/24 at 4:21 PM with LPN G, eight vials of Ativan 2 mg/mL for intravenous (IV) and intramuscular (IM) injection for Resident #3 were present in the refrigerator. The medication was contained in a box which was able to be removed. The medication label stated, Discard after 12/1/23. When queried why the medication had not been discarded, LPN G was unable to provide an explanation. Resident #3 resided on the C-Hall of the facility and a Control Substance Record for the medication was not present in the narcotic count book on the medication cart. When queried if the Control Substance Record for the medication was in the medication room, LPN G revealed it was not.</p> <p>A follow-up interview was completed with the DON on 8/29/24 at 10:47 AM. When queried regarding Resident #50's missing Ativan, the DON revealed they believed staff had utilized the Control Substance Form for Xanax when Ativan was administered. The DON provided a completed Control Substance Record for Xanax 0.25 mg for Resident #50. The form detailed 28 tablets of Xanax 0.25 mg was received by the facility on 6/14/24. When asked to clarify if they were saying nursing staff administered Ativan and documented it on the controlled substance form for Xanax, the DON confirmed. When queried why the staff would do that when it was the wrong medication and the Resident does not have an order for Xanax, the DON was unable to provide an explanation. When queried what happened to the Xanax that was delivered, the DON indicated they would need to look into it. The DON then provided a pharmacy delivery manifest detailing 58 tablets of Ativan 0.5 mg was delivered to the facility by the pharmacy on 8/7/24. A review of the dates documented on the Control Substance Forms for both the Ativan and Xanax revealed overlap in dates. When asked, the DON was unable to explain. The DON stated there were 28 missing doses of Ativan. When asked if they were able to locate the medication and clear documentation of administration and narcotic reconciliation, the DON confirmed they were not.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Cass City		STREET ADDRESS, CITY, STATE, ZIP CODE  4782 Hospital Dr Cass City, MI 48726	
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>An interview was completed with Physician Q on 8/29/24 at 2:50 PM. When queried if they were aware of the facility not being able to account for all of Resident #50's Ativan and a lack of clear narcotic medication reconciliation/documentation, Physician Q replied they were not. Resident #50's Control Substance Forms for Ativan and Xanax were reviewed with Physician Q. After review, Physician Q stated, Think need to tighten documentation. Definitely a concern.</p> <p>On 8/29/24 at 3:00 PM, the DON provided two blister backs of Xanax 0.25 mg containing a total of 58 tablets and labeled for administration to Resident #50. The pharmacy label and prescription number matched the prior Control Substance Form provided showing documentation of the medication. The DON stated, I think they (nursing staff) document on that sheet (pointed to controlled form for Xanax) because the Xanax blister packs are full. When queried why the documentation dates on the Control Substance Forms for the Xanax and Ativan overlapped, the DON was unable to explain. When queried regarding the importance of controlled medication reconciliation, the DON verified concerns. The DON was asked if staff count and reconcile controlled/narcotic medication counts each shift and stated they do. When asked how there a blister pack of Ativan could be missing and/or how staff could document the incorrect medication and it not be identified during reconciliation, the DON was unable to provide an explanation.</p> <p>During medication pass observation on 8/29/24 at 2:07 PM for Resident #503 with LPN E, the nurse was observed removing Oxycodone (narcotic medication for severe pain) IR (Immediate Release) 10 mg tablet for administration to the Resident while the eMAR specified the Resident was supposed to receive Oxycodone HCL (Hydrochloride) 10 mg. LPN E was stopped prior to administration of the medication. A review of Resident #503's narcotic/controlled medications was completed, and LPN E verbalized Resident #503 only had Oxycodone IR 10 mg available. A review of the Resident's controlled substance blister pack medications revealed the Resident had received 10 doses of Oxycodone IR 10 mg when the ordered medication was Oxycodone HCL 10 mg from 8/27/24 to 8/29/24. LPN E indicated they would speak to the Physician and obtain the correct medication for administration.</p> <p>At 3:33 PM on 8/29/24, LPN E entered the Conference Room and stated, Oxy (Oxycodone) IR order is haunted. LPN E proceeded to demonstrate that whenever Oxycodone HCL or Oxycodone IR was ordered, the Electronic Medical Record (EMR) automatically changed the medication order to Oxycodone HCL. When queried, LPN E revealed they called the pharmacy who confirmed the problem with order and said they would look into it. When queried how no one had noticed and/or identified the concern previously, an explanation was not provided.</p> <p>Review of facility policy/procedure entitled, Controlled Substance Administration &amp; Accountability (Reviewed/Revised: 10/26/23) revealed, It is the policy of this facility to promote safe, high quality patient care, compliant with state and federal regulations regarding monitoring the use of controlled substances . will have safeguards in place in order to prevent loss, diversion . 3. Controlled substances must be counted upon delivery. The nurse receiving the delivery, along with the person delivering the medication order, must count the controlled substances together . 4. If the count is correct, a control count sheet which accompanies the medication will be placed in the controlled substances binder for the designated medication cart . The control count record should contain: a. Name . b. Name and strength of the drug; c. Quantity received; d. Number on hand . k. Signature of person receiving medication; and l. Signature of nurse administering medications . 11. Nursing staff must count controlled drugs at the end of each shift. The nurse coming on duty and the nurse going off duty must make the count together . must document and report any discrepancies .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Cass City		STREET ADDRESS, CITY, STATE, ZIP CODE  4782 Hospital Dr Cass City, MI 48726	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>37668</p> <p>Based on observation, interview and record review, the facility failed to ensure that the medication error rate was less than 5% when three medication errors were observed from a total of 25 opportunities for three residents (Resident #56, Resident #501, and Resident #503) of five residents reviewed. This deficient practice resulted in a medication error rate of 12% and the potential for the risk of adverse medication effects and decreased medication efficacy.</p> <p>Findings include:</p> <p>Resident #56:</p> <p>On 8/28/24 at 12:45 PM, medication pass observation for Resident #56 was completed with Unit Manager Licensed Practical Nurse (LPN) L. LPN L prepared Valporic Acid (Depakote- used to treat seizures and as a mood stabilizer) oral solution (liquid) 250 milligram (mg)/5 milliliter (mL) for administration to the Resident. The ordered dose was 20 mL (1000 mg). LPN L was observed holding the medication cup in their hand and while dispensing the liquid Valporic Acid into the cup. LPN L then set the medication cup on the top of the medication cart. LPN L did not confirm the accuracy of the amount of the medication on a flat surface. The amount of Valporic Acid in the medication cup, while on the flat surface, was 22 mL (1100 mg). Prior to administering the Valporic Acid, LPN L was asked to stop. When queried how much Valporic Acid Resident #56 was supposed to receive per Health Care Provider (HCP) order, LPN L revealed 20 mL. LPN L was then asked to confirm the amount of Valporic Acid in the medication cup with it placed on a flat surface. LPN L confirmed the medication in the medication cup was 22 mL. LPN L was asked why they did not dispense the medication into the medication cup with the cup placed on a flat surface for accuracy, an explanation was not provided.</p> <p>Resident #501:</p> <p>A medication observation was completed on 8/29/24 at 1:30 for Resident # 501 with LPN G. LPN had reconstituted Aztreonam (antibiotic) 1 gram (g) for Intramuscular (IM) injection with 1 mL of sterile water. When queried why they reconstituted the medication with 1 mL of sterile water, LPN G replied, One gram is 1 mL. LPN G was stopped and asked to review the medication package insert for medication reconstitution instruction prior to administration. The package insert for Aztreonam specified the antibiotic was to be reconstituted with 3 mL of sterile water for administration. With further inquiry, LPN G revealed they were unaware that reconstitution instructions were included on the medication inserts. When queried if they had provided care to the Resident previously, LPN G confirmed they had. LPN G then revealed they had administered the medication previously but did not reconstitute the medications prior to administering it. When asked who reconstituted the medication, LPN G replied, (LPN E). No explanation was provided when queried why they did not reconstitute the medication themselves prior to administration.</p> <p>Resident #503:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Cass City		STREET ADDRESS, CITY, STATE, ZIP CODE  4782 Hospital Dr Cass City, MI 48726	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A medication pass observation was completed on 8/29/24 at 2:07 PM for Resident #503 with LPN E. LPN E was observed removing Oxycodone (narcotic medication for severe pain) IR (Immediate Release) 10 mg tablet for administration to the Resident. The Resident's Medication Administration Record (MAR) specified the Resident was supposed to receive Oxycodone HCL (Hydrochloride) 10 mg. LPN E was stopped prior to administering the medication. When queried if the Resident was supposed to receive Oxycodone HCL 10 mg or Oxycodone IR 10 mg, LPN E reviewed the HCP order and MAR and confirmed the order was for Oxycodone HCL 10 mg and they were going to administer Oxycodone IR 10 mg. LPN E proceeded to go through the narcotic/controlled medications and verbalized Resident #503 only had Oxycodone IR 10 mg available. A review of the Resident's controlled substance blister pack medications revealed the Resident had received 10 doses of Oxycodone IR 10 mg when the ordered medication was Oxycodone HCL 10 mg from 8/27/24 to 8/29/24.</p> <p>A policy/procedure related to medication administration was requested from the facility Administrator on 8/28/24 at 3:32 PM but not received by the conclusion of the survey.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Cass City		STREET ADDRESS, CITY, STATE, ZIP CODE  4782 Hospital Dr Cass City, MI 48726	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>37668</p> <p>Based on observation, interview, and record review, the facility failed to implement and operationalize policies and procedures for labeling, storage, and disposition of medications and medical supplies in three (A, B, and C Hall) of four medication carts, one of one medication room, and one closet containing medications and medical supplies resulting in open and undated medications, medications and medical supplies being stored in an unlocked closet, and the likelihood for unauthorized access to medications and medical supplies, and Residents to receive expired medications with altered potency and efficacy.</p> <p>Findings include:</p> <p>A tour of the C-Hall medication cart was completed with Licensed Practical Nurse (LPN) L on 8/28/24 at 12:50 PM. The following items were present in the medication cart:</p> <ul style="list-style-type: none"> <li>- Trelegy Ellipta (prescription inhaler used to treat chronic obstructive pulmonary disease and asthma) 100 mcg (micrograms)/62.5 mcg/25 mcg for Resident #18. The medication was dated as Opened 7/5/24 and included the instructions, Discard 6 weeks after opening. When queried when the medication should be discarded and the instructions on the medication, LPN L reviewed the instructions and confirmed the medication should have been disposed in August.</li> <li>- Open and undated Ipratropium Bromide 0.5 mg (milligram)/Albuterol Sulfate 3 mg/3 mL (milliliter) (DouNeb Treatment) Inhalation Solution foil pack for Resident #18. The package included the instructions to discard the medication within seven days of opening the foil package. When queried, LPN L reviewed the medication information and verbalized they were unaware the medication was supposed to be discarded if not used within seven days of opening.</li> <li>- Open and undated Trelegy Ellipta 100 mcg/62.5 mcg/25 mcg for Resident #5.</li> <li>- Open and undated DouNeb 0.5 mg/3 mg in 3 mL Inhalation Solution foil pack for Resident #5.</li> <li>- Open and undated DouNeb 0.5 mg/3 mg in 3 mL Inhalation Solution foil pack for Resident #366.</li> <li>- Twenty-one DouNeb 5 mg/3 mg in 3 mL Inhalation Solution vials, opened and dated 7/1/24 for Resident #50. When asked, LPN L verbalized the medication was expired as it had been open longer than seven days and would need to be discarded.</li> <li>- Four containers of Budesonide 1 mg/2 mL nebulizer inhalation solution for Resident #50. The medication information specified, Discard 2 weeks after opening.</li> <li>- Open and undated blood glucose test strips container.</li> </ul> <p>When queried regarding the opened and undated medications, LPN L confirmed the medications should have been dated when opened but did not provide further explanation.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Cass City		STREET ADDRESS, CITY, STATE, ZIP CODE  4782 Hospital Dr Cass City, MI 48726	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A tour of the B-Hall medication cart was completed on 8/28/24 at 2:54 PM with LPN E. An Arnuity Ellipta 50 mcg inhaler for Resident #37 was present in the cart. The medication was dated as opened, 7/11/24 and the instructions on the medication label specified, Discard 6 weeks after opening. When queried regarding the medication, LPN E verbalized the medication was expired and should have been disposed.</p> <p>On 8/28/24 at 4:02 PM, a tour of the A-Hall Medication Cart was completed with LPN G. The following items were present in the medication cart:</p> <ul style="list-style-type: none"> <li>- Two opened and undated Budesonide 1 mg/2 mL inhalation container vials for Resident # 54. When queried, LPN G verbalized the medication should have been dated when opened.</li> <li>- Tresiba FlexTouch (insulin degludec, long-acting insulin) Pen for Resident #2. The insulin pen was labeled as opened on 6/20/24 and expired on 8/15/24. When queried, LPN G confirmed the medication was expired. With further inquiry, LPN G was unable to provide an explanation related to the reason the medication had not been discarded when expired.</li> </ul> <p>On 8/28/24 at 4:21 PM, a tour of the Medication Room was completed with LPN G. A medication refrigerator was present in the medication room. The refrigerator had a freezer which had a significant build up, over one inch, of ice. When queried regarding the amount of ice and build up in the medication refrigerator, LPN G confirmed the build up but did not provide an explanation. LPN G was queried regarding the facility procedure related to defrosting and cleaning the refrigerator/freezer, LPN G revealed they did not know.</p> <p>Eight vials of Ativan (medication used to induce sedation and to treat anxiety and seizures) 2 mg/mL for intravenous IV) and intramuscular (IM) injection for Resident #3. The medication label stated, Discard after 12/1/23. When queried why the medication had not been discarded, LPN G was unable to provide an explanation.</p> <p>A green box was present in the medication room. When queried regarding the box, LPN G verbalized it was back-up medications supplied by the pharmacy. The following expired medications were noted:</p> <ul style="list-style-type: none"> <li>- Epinephrine 0.3 mg Auto-Injector Pen (medication used to treat emergency allergic reactions); Expired: 12/23</li> <li>- Two vials of Narcan 0.4 mg/mL (used to reverse opioid overdose); Expired: 3/1/24</li> <li>- Two Gvoke HypoPen 1 mg per 0.2 mL (used to treat low blood sugar) injection pens; Expired: 2/24.</li> </ul> <p>On 8/29/24 at 8:00 AM, an observation of the Linen Closet on the A-Hall of the facility was completed. The closet was unlocked and accessible to residents, visitors, and staff.</p> <p>The Linen Closet contained medications, wound care supplies, and other medical procedure supplies and no linens. Initial items observed in the Linen Closet included:</p> <ul style="list-style-type: none"> <li>- Arthritis cream 3-ounce (oz) tube</li> <li>- Lidocaine 4% cream tube</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Cass City		STREET ADDRESS, CITY, STATE, ZIP CODE  4782 Hospital Dr Cass City, MI 48726	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> <li>- Hydrocortisone 1% Cream tube</li> <li>- Three Zinc Oxide Cream 15 oz</li> <li>- Two boxes of Medihoney (wound care gel) 0.53 oz packets</li> <li>- Two 2 Suture Removal kits containing scissors</li> <li>- Two Staple Removal kits</li> <li>- Multiple containers of Dimethicone skin protectant cream</li> </ul> <p>From 8:00 AM to 8:57 AM, multiple staff and residents were observed passing the unlocked Linen Closet containing medications and medical supplies.</p> <p>On 8/29/24 at 8:57 AM, an interview and tour of the A-Hall Linen Closet was completed with LPN G. When queried what the unlocked Linen Closet was used for, LPN G replied, Overstock for locked supplies. When queried why it was not locked if it contained overstock of locked supplies, LPN G was unable to provide an explanation.</p> <p>At 9:03 AM on 8/29/24, Supply Staff M approached LPN G and this Surveyor at the Linen Closet. Staff M revealed they use the closet to store overstock supplies. When queried regarding the closet being unlocked and the medications and medical supplies being accessible to all residents, visitors, and staff, Staff M did not provide an explanation. Staff M was asked if they had a list of all the items contained in the Linen Closet and replied they did. A copy of the list of items contained in the Linen Closet was requested.</p> <p>Review of Item List provided by Staff M of the medications and medical supplies stored in the unlocked Linen Closet revealed multiple different wound care dressings, including dressing impregnated with medications as well as the following medications:</p> <ul style="list-style-type: none"> <li>- Bacitracin Zinc (antibiotic ointment)</li> <li>- Dermafungal cream (antifungal cream)</li> <li>- Iodosorb gel (antimicrobial wound gel)</li> <li>- Dermaphor Skin Ointment</li> <li>- Solosite (hydrogel) wound care treatment</li> <li>- Triple Antibiotic Ointment</li> <li>- Biofreeze (topical pain relief medication)</li> <li>- Triad (hydrophilic) wound paste</li> <li>- Tucks (used for hemorrhoid pain relief)</li> </ul> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Cass City		STREET ADDRESS, CITY, STATE, ZIP CODE  4782 Hospital Dr Cass City, MI 48726	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> <li>- Icy Hot (topical pain relief medication)</li> <li>- BenGay (pain relief cream)</li> <li>- Aspercreme (topical pain relief cream)</li> <li>- Dermaseptin ointment (barrier skin protectant)</li> <li>- Antifungal powder</li> <li>- Cornstarch powder</li> <li>- Dakins Solution (diluted bleach solution for wounds)</li> <li>- Iodine solution (topical wound care antiseptic)</li> <li>- Normal Saline solution</li> <li>- Saline Wound Cleanser</li> <li>- Voltaren gel (topical pain relief medication)</li> </ul> <p>An interview was completed with the Director of Nursing (DON) on 8/29/24 at 10:47 AM. When queried regarding the undated and opened medications/medical supplies and expired medications observed in the medication carts, the DON indicated they were aware and would address. When queried regarding the unlocked Linen Closet containing medications and medical supplies, the DON confirmed the closet should be locked.</p> <p>Review of facility policy/procedure entitled, Medication Storage (Reviewed/Revised: 1/30/24) revealed, It is the policy of this facility to ensure all medications housed on our premises will be stored according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security . All drugs and biological's will be stored in locked compartments under proper temperature controls . 7. Unused Medications: The pharmacy and all medications rooms are routinely inspected by the consultant pharmacist for discontinued, outdated, defective, or deteriorated medications with worn, illegible, or missing labels .</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Cass City		STREET ADDRESS, CITY, STATE, ZIP CODE  4782 Hospital Dr Cass City, MI 48726	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>39059</p> <p>Based on observation and record review, the facility failed to perform hand hygiene and ensure proper Personal Protection Equipment (PPE) (gown, gloves) for one resident (Resident #19), resulting in the likelihood of contamination during wound care and incontinence care and the spread of infection.</p> <p>Findings include:</p> <p>Resident #19:</p> <p>On 8/27/24, at 3:30 PM, a review of Resident #19's electronic medical record revealed an admission on 8/01/2024 with diagnoses that included laceration of the cerebellum with loss of consciousness, impaired gastrointestinal status requiring enteral feeding and subdural hemorrhage. Resident #19 required extensive assistance and had severely impaired cognition.</p> <p>A review of Physicians orders revealed an order for . Enhanced barrier precautions . Active Start Date 8/1/2024 .</p> <p>On 8/29/24, at 10:01 AM, an observation along with CNA P and CNA O of Resident #19's skin who required incontinence care. CNA O assisted with incontinence care with gloved hands. With the same gloved hands, CNA O entered their pocket and pulled out a roll of clear garbage bags for use. Nurse G entered Resident #19's room and donned gloves without performing hand hygiene. Nurse G then donned a gown with their gloved hands. Nurse G set up wound care supplies and with the assistance of CNA O and CNA P positioned the resident. Nurse G removed the old dressing cleansed the area with the same gloves. Nurse G then applied the new dressing on Resident #19's wound on their coccyx area with no change of the dirty gloves and hand hygiene.</p> <p>37668</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Cass City		STREET ADDRESS, CITY, STATE, ZIP CODE  4782 Hospital Dr Cass City, MI 48726	

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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>39059</p> <p>This Citation pertains to Intake Numbers MI00134661 and MI00142794.</p> <p>Based on observation, interview and record review, the facility failed to provide a functional call light in a timely manner for two residents (Resident #9, Resident #30), resulting in delayed staff response to the residents' needs and feelings of frustration and worry.</p> <p>Findings include:</p> <p>Resident #9:</p> <p>On 8/27/24, at 11:23 AM, Resident #9 was resting in bed. There was an approximate 4-inch by 6-inch hole in the wall where the call device was once housed. Resident #9 stated it had been broken for about 4 days and that they were given a handheld bell to ring for help. Resident #9 rang the bell as loud as they could for 10 seconds. No staff came. Resident #9 offered that they ring it but often wait for long periods of time as much as an hour. The television (TV) in the room was audibly loud. The roommate (Resident #30) was resting with their eyes closed and the only remote to the TV was on their nightstand. Resident #9 rang the handheld bell again for 15 seconds with no staff response.</p> <p>On 8/27/24, at 11:29 AM, There were two staff members seen in the hallway near Resident #9's room. They were asked if they heard a ring from the handheld bell and both offered, No.</p> <p>On 8/27/24, at 11:34 AM, Resident #9 rang the handheld bell for 30 seconds long with no staff response. Resident #9 offered they keep working the bell as the staff don't hear it. Resident #9 was asked if they had chest pain or had trouble breathing what would happen if the staff didn't respond to the bell and Resident #9 offered, I'd probably die. At 11:36 AM, Resident #9 rang the bell for 35 seconds this time. Two staff members walked by the doorway and did not enter the room.</p> <p>On 8/27/24, at 11:40 AM, CNA N entered Resident #9's room for assistance. CNA N was asked if that was the first time they had heard the handheld bell ringing and CNA N offered, yes. CNA N was asked if they knew how long the call light had been broken and CNA N offered, at least a couple days. Resident #9 further offered that they ring the handheld bell, wait for 15 minutes and if nobody answers they ring it again.</p> <p>Resident #30:</p> <p>On 8/27/24, at 4:34 PM, a record review along with the Administrator of the last weeks list of maintenance fixes was conducted. The call light for Resident #9's room was not on the list. The Administrator was asked if there had any report of broken call lights and the Administrator stated, just (Resident #30's) and that he had pulled it out of the wall that morning.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Cass City		STREET ADDRESS, CITY, STATE, ZIP CODE  4782 Hospital Dr Cass City, MI 48726	
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/27/24, at 4:40 PM, an observation of Resident #9 and 30's broken call light was conducted along with the Administrator. Resident #30 was now awake. Resident #30 was asked how long their call light had been broken and Resident #30 stated, about two days. The Administrator responded that it was reported that it was broken that day. The Administrator was alerted that both Resident #9 and 30 along with a staff member offered that the call light had been broken for two days and the Administrator offered well they have bells. The Administrator was alerted that Resident #9 rang the handheld bell on three separate measured times before staff responded.</p> <p>On 8/27/24, at 4:50 PM, The Administrator offered that the Maintenance lead was replacing the call light in Resident #9 and Resident #30's rooms.</p> <p>On 8/28/24, at 11:00 AM, a record review of both Resident #9 and Resident #30's electronic medical records revealed both residents were cognitively intact.</p> <p>On 8/28/24, at 8:50 AM, an observation of the call light in Resident #9 and 30's room revealed a functioning replaced call light where the empty hole was.</p>		