STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235292	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Sault Ste Marie	1011 Meridian Rd Sault Sainte Marie, MI 49783

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45123 Based on observation, interview, and record review, the facility failed to provide adequate supervision to prevent a fall with injury for one Resident (R3) of three residents reviewed for falls. This deficient practice resulted in hospitalization where R3 required ten staples placed in the back of his head to close a laceration and then subsequently required transfer to a higher level of care hospital due to a subdural hematoma requiring an intensive care stay. Findings include: This citation is linked to intake MI00143648. On 4/16/24 an email was sent to the complainant regarding the allegations of the intake. No email was returned, no phone number was attached to the report from the State Agency, and the complainant was unable to be called via phone. Review of the SA intake MI00143648, dated 3/29/24, revealed - A concern for R3 and frequent falls at the facility in a short period of time. Complainant stated, This last fall that occurred 03/26/2024 at around 2:21 am when called I was told that (R3) had falling (sic) and suffered a laceration to his head and that they would be sending him to the emergency room at (local hospital). I then received a call from (local hospital) stating that my father (R3) suffered a brain bleed due to the fall and that he would be shipped to (higher level of care hospital). Staff knew going in that my father was a fall risk, he was on the fall risk ward yet in 7 days he suffered 3 falls and 1 slide out of his chair . The (sic) were also made very, very aware of him trying to get up for the bathroom at night causing falls. When they came for a home visit prior to his enrollment at [facility name] again it was mentioned that the overnight hours are the hardest because he attempts to get out of bed to use the bathroom this is when his falls occur. I hate making this complaint but the first fall may have been an accident, the second fall shouldn't have happened let alone within 2 days and the 3rd fall was just plain and simple disregard to the needs of my father being met . Review of R3's Minimum Data Set (MDS) admission assessment, dated 3/22/24, revealed R3 was admitted to the facility on [DATE] with diagnoses including dementia, depression, history of falling, hearing loss, insomnia, and weakness. R3 was independent for eating and rolling from left to right. R3 required partial assistance with toileting, dressing, footwear, personal hygiene, walking 10, 50, and 150 feet, and showering and supervision with transfers. R3 was able to participate in the Brief Interview for Mental Status (BIMS) assessment, showing severe cognitive impairment and scoring 00/15. The sensory assessment revealed R3 was sometimes understood, and sometimes able to understand. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235292	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Sault Ste Marie	1011 Meridian Rd Sault Sainte Marie, MI 49783

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Review of R3's MDS significant change, dated 4/14/24, revealed R3 had declined and now required assistance with eating needing supervision or touching or cues. For toileting hygiene, putting on footwear and upper body dressing R3 now required substantial or maximal assistance. R3 also required supervision or maximal assistance for walking 10 feet and was unable to ambulate further than 10 feet. Review of R3's accident and incident report, dated 3/26/24 at 2:05 AM, revealed R3 was found by Licensed Practical Nurse (LPN) I who thought she saw R3 in the hall, but it was R3's roommate. R3's roommate had alerted LPN I of R3's fall. R3 was observed lying on the floor in urine in his room after an unwitnessed fall. LPN I had assumed that R3 had slipped in his urine and fell . R3 was observed to have an 8 cm (centimeter) gash to the back of his skull and a skin tear to his right elbow. R3 was bleeding from his head wound. R3 was sent to the local Emergency Department (ED). Review of R3's ED report, dated 3/26/24 at 3:05 AM, read in part, .diagnosed with an 8 cm vertical left occipital laceration, oozing blood no arterial hemorrhaging, tenderness of the scalp with boggy edema surrounding this laceration .Using local lidocaine was able to staple this closed with a total of 10 staples placed. He does localize to pain 5/10 .Discharge plan acute intra-cranial hemorrhage and dementia . Disposition transfer to acute care hospital .CT (computed tomography) scan performed with findings of an acute hematoma in the medial left temporal lobe measuring 2 x 1.5 x 1.5 cm with an estimated volume 2.25 cm. discharged on [DATE] at 6:57 AM to another acute care hospital . Review of R3's history and physical, dated 3/26/24 at 1:09 PM, read in part, .presents to [hospital initials] ED as a level 2 activated trauma following an unwitnessed fall .With the intracranial findings noted, our facility was contacted for possible transfer .His daughter states .he has been having more and more falls . Assessment/Plan: Level 2 trauma - unwitnessed fall, intracranial hemorrhage, advanced dementia, frequent falls .admit to intensive care unit . Review of R3's consultation [secondary follow-up] CT from higher level of care hospital, dated 3/26/24 at 1:18 PM, read in part, .Impression: There is a globular area hyperdensity which is seen along the medial left temporal lobe with a surrounding rim .this area is measuring 2.4 x 1.9 x 1.7 cm with volume of 4.06 ml, and has the appearance of a possible hemorrhagic infarction . * Note increase in subdural hematoma size. Review of R3's Electronic Medical Record (EMR) showed a fall evaluation report, dated 3/18/24, which revealed a score of 26 indicating fall interventions were required and high fall risk. Review of LPN Is witness statement, dated 3/26/24, revealed, Aide was on lunch and float Aide was starting to head down A wing .Aide called for nurse to come .Resident lying on the floor .had an 8 cm gash to back of his skull .Resident did not have slipper socks on. Review of Certified Nurse Aide (CNA) O witness statement, dated 3/26/24, revealed, Aide last saw resident in bed sleeping at 1:25 AM. Aide was finishing up her lunch break when the incident occurred . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235292	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Sault Ste Marie	1011 Meridian Rd Sault Sainte Marie, MI 49783

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Review of CNA P witness statement, dated 3/26/24, revealed, Aide just finished assisting a resident to the bathroom on D hall at the time of the fall and was at the Nurses Circle, when nurse saw a resident in A hall, standing in the doorway. Aide went to see if resident needed assistance and called for Nurse when she noticed roommate on the floor. Resident had blood on hand and blood on floor. Floor was wet with urine, but resident's brief was dry. Aide took a washcloth and applied pressure until she could be relieved. On 4/17/24 at 1:10 PM a call was placed to LPN I for an interview regarding R3's fall and no answer and message was left for return call and no returned phone call back to this Surveyor. On 4/18/24 at 10:25 AM a second call was placed to LPN I for an interview regarding R3's fall and no answer and message was left for return call and no returned phone call back to this Surveyor. On 4/18/24 at 10:28 AM a call was placed to CNA O for an interview regarding R3's fall and no answer and message was left for return call and no returned phone call back to this Surveyor. On 4/18/24 at 10:30 AM a call was placed to CNA P for an interview regarding R3's fall and no answer and message was left for return call and no returned phone call back to this Surveyor. Review of R3's task for bladder elimination, dated 3/25/24, revealed, prior to R3's fall he was last checked for urinary continence was at 9:52 AM and task for bowel and bladder last toileted was at 4:34 PM. No other elimination charting could be found in the EMR. Review of R3's progress note, dated 3/28/24 at 4:33 PM, read in part, .Resident drowsy, wanting to sleep, complaining of pain/soreness from laceration site with 10 staples in situ (on site). Foley catheter attached to leg bag in situ. Received report from [local hospital name and nurse] .Had brain bleed. Left temporal subdural bleed .DON given report. Review of R3's progress note, dated 3/28/24 at 5:46 PM, revealed, Called [facility physician's name] reviewed readmission .Review potential for hospice addition with resident daughter tomorrow and follow up with [facility physician's name] regarding her decision. Review of R3's progress note, dated 4/2/24 at 4:45 PM, read in part, [Occupational Therapy] screened resident at meal time. Patient requires scoop plate at meals to improve independence and assistance with meal overall due to coordination deficits .will follow progress and evaluate as needed. * Note: A significant decline from original baseline. Review of physician order, dated 3/18/24, read in part, Regular diet. Regular texture. Regular fluid, thin consistency. * Note: R3 required no special plate on original admission. Review of progress note, dated 4/3/24 at 10:44 AM, read in part, Resident had a hard time getting up this morning .this resident had no trunk control to hold himself up .laid back to bed. Resident unable to follow commands to eat or take medications . * Note: This was also a significant decline from baseline where R3 was originally a 1 person assist for transfers. Review of progress note, dated 4/3/24 at 11:33 AM, read in part, .Practitioner gives orders to ship to ER for treatment and evaluation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235292	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Sault Ste Marie	1011 Meridian Rd Sault Sainte Marie, MI 49783

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Review of progress note, dated 4/3/24 at 4:20 PM, read in part, Resident arrived via EMS (emergency medical services). New diagnosis of UTI (urinary tract infection) .new orders for antibiotics . Review of progress note, dated 4/4/24 at 1:41 PM, read in part, admitted to [hospice company name] services. Daughter .signed DNR (do not resuscitate). Comfort meds ordered . Review of physical therapy evaluation, dated 3/19/24, revealed, R3 had fall risk, poor safety awareness, and confusion. Daughter is unable to care for patient due to advanced dementia and multiple falls at home. Patient is ambulatory with 1 - 2 person assist. Functional mobility assessment - ambulation walk 10 feet substantial/maximum assistance. Review of R3's ADL care plan, date initiated 3/18/24, read in part, Focus: Resident has an ADL (activity of daily living) self-care performance deficit related to cognitive impairment .dementia .generalized weakness, history of falls, poor balance .Interventions: .requires reminders (initiated 3/19/24) .Ambulation: 1 person assist (initiated 3/18/24) .Bed Mobility: Supervision (initiated 3/18/24) .Toileting: 1 person assist. Offer to assist with toileting every 2 hours and as needed (initiated 3/18/24) .Transfers: 1 person assist (initiated 3/18/24) .Encourage resident to use call light when assistance is needed (initiated 3/18/24) .Resident uses a manual wheelchair for locomotion (initiated 3/18/24) . Review of R3's Fall Prevention care plan, date initiated 3/18/24, read in part, Focus: Resident is a risk for falls/injury related to bladder incontinence .generalized weakness, high risk for falls, history of falls .inability to use call light due to confusion .Interventions: .keep gripper socks on when in bed (initiated 3/26/24) . Ensure the resident's room is free from accident hazards (initiated 3/18/24) .Non-skid footwear to reduce the risk of slipping .(initiated 3/19/24) . Review of R3's Elimination care plan, date initiated 3/18/24, read in part, Focus: Resident has episodes of bladder/bowel incontinence .Interventions: .Assist resident with toileting needs (initiated 3/19/24), Check at regular intervals and change as needed (initiated 3/22/24) . Review of R3's accident and incident reports, dated 3/18/24 through 3/23/24, revealed, R3 had three falls prior to his last fall on 3/26/24 which resulted in the injury to the back of the head and the subdural hematoma. R3 had fallen on 3/18/24 the day of his admission to the facility, again on 3/19/24 the day after his admission, and again on 3/23/24 four days after his admission. *Note R3's admission room was down B hall and after his first fall he was placed on the falling star A hall. * Note: Complainant point out that falls while trying to toilet were the main reasons family could no longer keep R3 at home safely. On 4/18/24 at 11:40 AM, an interview was conducted with the Director of Nursing (DON) and was asked about R3 and his frequent falls in a short period of time after being admitted on [DATE] and had fallen four times in a week. The DON replied, Yes. He is one of our falling stars and that is why he is down A hall. There is always supposed to be a staff member on that hall listening, watching, and monitoring resident needs. The DON was then asked if there was a staff member present during the time and date of the R3's most recent fall on 3/26/24. The DON replied, No. Someone should have been down there. The aide assigned was at lunch, the nurse was at the nurses' circle and the aide that was relieving the aide that was assigned was not yet on the A hall. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235292	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Sault Ste Marie	1011 Meridian Rd Sault Sainte Marie, MI 49783

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Review of policy titled, Fall Prevention Program, dated 10/26/23, read in part, Policy: Each resident will be assessed for the risk of falling and will receive care and services in accordance with the level of risk to minimize the likelihood of falls .Policy Explanation and Compliance Guidelines: .6. When a resident experiences a fall, the facility will: e. Review the resident's care plan and update as indicated . Review of policy titled, Admission to the Facility, dated 2/1/22, read in part, Policy: The facility will admit only those residents whose medical and nursing care needs can be met. This decision is based on both the needs of the community and the facility's clinical competencies. Admissions are accepted 24 hours a day, 7 days a week. Policy Explanation and Compliance Guidelines: .4. The objective of our admissions policies are to: a. Provide uniform guidelines for admitting residents to the facility; utilizing the clinical review/admit guide b. Admit residents who can be adequately cared for by the facility c. Address concerns of residents and families during the admission process . On 4/18/24 at 12:15 PM, an exit conference was held with the DON, the Nursing Home Administrator (NHA), the Regional Clinical Consultant Registered Nurse, and the Regional NHA. During the exit conference this Surveyor voiced her concerns of her findings related to the Abbreviated Survey process. On 4/18/24 at 1:10 PM, approximately one hour after exit the Regional Clinical Consultant Registered Nurse attempted to dispute concerns and called this Surveyor on her work cell phone stating she had further documentation regarding the witness statement for CNA O regarding R3's fall. The Regional Clinical Consultant Registered Nurse stated she re-interviewed CNA O later, on 3/26/24, regarding CNA Os witness statement. Regional Clinical Nurse Consultant Registered Nurse indicated CNA O stated R3 was toileted at 12:00 AM. The Regional Clinical Consultant Registered Nurse added the updated witness statement to the Egress system post survey. In review of the document at the bottom of the original witness statement from CNA O, dated 3/26/24, read in part, .(added documentation by Regional Clinical Consultant Registered Nurse) Interviewed [CNA O] again 3/26/24 at 5:30 PM then written over with 6:30 PM. Resident was toileted approximately 12:00 AM. [signed by the Regional Clinical Consultant Registered Nurse and not signed or initialed by CNA O]. *Note: Document was added to Egress system at 1:24 PM on 4/18/24 after survey exit had taken place.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235292	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Sault Ste Marie	1011 Meridian Rd Sault Sainte Marie, MI 49783

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45123 Based on observation, interview, and record review the facility failed to obtain physician order for indwelling catheter device for one Resident (R3) of three reviewed for bowel and bladder care. On 4/17/24 at 11:00 AM, an observation was made of R3 in his room lying in his bed with an indwelling catheter bag hanging off the left side of his bed. On 4/17/24 at 12:20 PM, an interview was conducted with Certified Nurse Aide (CNA) H and was asked why R3 had an indwelling urinary catheter and replied, I would have to ask the nurse, but he has had it ever since he came back from the hospital. Review of R3's progress notes, dated 3/18/24 through 4/17/24, revealed, an original admission on 3/18/24 to the facility, a transfer out to a local hospital on 3/26/24, and a return to the facility on [DATE]. Review of R3's progress note, dated 3/28/24 at 4:33 PM, read in part, Resident arrived .transferred to bed . has indwelling catheter . Review of R3's progress note, dated 3/28/24 at 5:46 PM, read in part, Called [facility physician's name] reviewed readmission . Review of R3's progress note, dated 4/6/24 at 4:37 AM, read in part, This nurse being alerted by CNA that resident sitting on the side of his bed with his brief partially removed and his foley cath (catheter) in his hand, removed from his urethra. Upon inspection of cath, balloon completely collapsed and intact .new 14f coude (special tip) cath placed . Review of R3's progress note, dated 4/14/24 at 12:38 AM, read in part, Resident observed pulling on foley cath .balloon deflated and foley removed. New 14 Fr foley inserted . Review of R3's physician orders, dated April 1 through April 30, 2024, revealed no physician order for an indwelling catheter. Review of R3's care plan, dated 4/16/24, read in part, .Resident has a need for indwelling catheter related to obstructive uropathy .change catheter and drainage system as clinically indicated per orders . On 4/18/24 at 7:55 AM, an observation was made of R3 receiving direct care from CNA E and non-certified CNA F. R3 was being assisted from his wheelchair to his bed by both staff members. R3's catheter bag was observed to have blood-tinged urine in the collection bag. R3 was also observed to have a wet spot on the front of his pants near his brief area. CNA E was asked why R3's pants were wet when he had a urinary catheter and CNA E removed R3's pants to inspect R3's brief which was also wet. CNA E proceeded to provide incontinence and catheter care to R3 when R3's catheter fell out onto the bed. CNA E threw the catheter in the trash, asked non-certified CNA F to stay with R3, and proceeded to find the nurse. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235292	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Sault Ste Marie	1011 Meridian Rd Sault Sainte Marie, MI 49783

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/18/24 at 8:30 AM, an interview was conducted with Registered Nurse Educator (RN) D and was asked about R3's catheter being replaced and replied, I am gathering supplies for that now. First, I need to review the order to see what size I need. RN D went to review the order for R3's catheter replacement and found no physician order for R3's indwelling catheter. RN D was asked why R3 did not have an order for indwelling catheter and replied, I am not sure, but there needs to be an order. I will have to call the physician and get an order. On 4/18/24 at 9:00 AM, an interview was conducted with the Director of Nursing (DON) and was asked if the use of an indwelling catheter required a physician's order and replied, Yes. Review of policy titled, Catheterization, dated 1/1/22, read in part, Policy: It is the policy of this facility to ensure that a resident who is continent of bladder on admission receives services and assistance to maintain continence unless his/her clinical condition is or becomes such that continence is not possible to maintain. An indwelling urinary catheter will be utilized only when a resident's clinical condition demonstrates that catheterization was necessary. Policy Explanation and Compliance Guidelines: 1. Urinary catheterization will be performed in accordance with current standards of practice to minimize risk for bacterial contamination or urethral trauma .2. The use of an indwelling urinary catheter will be in accordance with physician orders, which will include the diagnosis or clinical condition making the use of the catheter necessary, size of the catheter and balloon, and frequency of change .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235292	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Sault Ste Marie	1011 Meridian Rd Sault Sainte Marie, MI 49783

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 45123 This deficient practice has two different DPS statements labeled part A and B. DPS A Based on observation, interview, and record review the facility failed to properly don personal protective equipment (PPE) for three Residents (R3, R9, and R10) who were placed in Enhanced Barrier Precaution (EBP) rooms of three reviewed for infection control. This citation is linked to intakes MI00142467 AND MI00142753. On 4/16/24 at 12:35 PM, an interview was conducted with Complainant M and was asked about the nature of the allegations. Complainant M replied, There was an isolation room near my room in the same hallway and staff was not putting on protective gowns or shields and I am not sure what the person had. I think maybe Covid-19, but then they would come and assist me. I don't feel like that was right. The staff should have been wearing protection. On 4/17/24 at 10:50 AM, a facility tour was taken, and the following observations were made locating residents for sample who were in EBP rooms down three different hallways. On 4/17/24 at 11:00 AM, an observation was made of R3 in his room lying in his bed with an indwelling catheter bag hanging off the left side of his bed. R3's door was labeled as EBP and instructions for donning PPE and doffing PPE were also on the outside of R3's door. R3 had no PPE cart outside of his door and no PPE cart on the inside of R3's room and no gowns or shield were observed inside the room during an inspection to attempt to locate staff PPE supplies. On 4/17/24 at 11:13 AM, an observation was made of R9's room entry door and was labeled as isolation for EBP and had instructions regarding proper PPE donning and doffing requirements. R9's room was inspected for PPE storage and lacked any PPE in the room closet or anywhere stored for staff use. On 4/17/24 at 11:15 AM, an interview was conducted with R9 and was asked if staff ever wore a gown or other personal protective equipment when providing direct care and replied, No. Staff don't put a gown on when they come in here and dress me or provide catheter care. Review of R9's minimum data set (MDS) admission assessment, dated 4/10/24, revealed that R9 was cognitively intact. Review of R9's physician order, dated 4/17/24, read in part, .Enhanced barrier precautions secondary to indwelling medical device . On 4/17/24 at 11:45 AM, an observation was made of Certified Nurse Aide (CNA) N who was observed assisting R9 into his wheelchair and lacked any PPE. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235292	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Sault Ste Marie	1011 Meridian Rd Sault Sainte Marie, MI 49783

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 4/17/24 at 12:40 PM, an interview was conducted with CNA J and was asked about EBP rooms down Hallway E and if she was utilizing the PPE for providing direct care on residents identified as being on EBP. CNA J replied, No. I don't normally work down this hall. I am not sure why that room has that label of EBP on it or which resident is on the precautions. On 4/17/24 at 12:20 PM, an interview was conducted with Certified Nurse Aide (CNA) H and was asked about the EBP rooms and why some had carts outside of them and some did not. CNA H replied, The ones with the carts outside of their rooms have a bacteria, virus, or microorganism of some sort and the ones without the carts outside the door do not. If there was no cart, then the personal protective equipment is kept inside the room in the closet. On 4/17/24 at 1:13 PM, an observation was made of R10's room entry door and was labeled as isolation for EBP and had instructions regarding proper PPE donning and doffing requirements. R10 had PPE in his closet, but none had been opened and his trash was free from any PPE trash. On 4/17/24 at 1:15 PM, an interview was conducted with R10 and was asked if staff ever wore a gown or other personal protective equipment when providing direct care and replied, No. Staff don't put a gown on when they come in here and dress me or provide catheter care. Review of R10's MDS admission assessment, dated 2/18/24, revealed that R10 was cognitively intact. Review of R10's physician order, dated 4/17/24 at 11:25 AM, read in part, .Use enhanced barriers while performing high-contact activity with the resident due to wounds . On 4/18/24 at 7:55 AM, an observation was made of R3 receiving direct care from CNA E and non-certified CNA F whom both lacked proper PPE and neither was wearing a gown. R3 was being assisted from his wheelchair to his bed by both staff members. R3's catheter bag was observed to have blood-tinged urine in the collection bag. R3 was also observed to have a wet spot on the front of his pants near his brief area. CNA E was asked why R3's pants were wet when he had a urinary catheter and CNA E removed R3's pants to inspect R3's brief which was also wet. CNA E proceeded to provide incontinence and catheter care to R3 when R3's catheter fell out onto the bed. CNA E threw the catheter in the trash, asked non-certified CNA F to stay with R3, and proceeded to find the nurse. On 4/18/24 at 8:40 AM, an interview was conducted with Registered Nurse Educator (RN) D and was asked if staff were to be wearing PPE when entering EBP rooms and providing care. RN D replied, Yes. I just talked with the staff down Hallway A and told them they need to be wearing the PPE. Staff did not know. I just educated the rest of the staff on the other halls because I noticed they were not doing this, and they did not see or understand the isolation signs on the doors and some were confused as to which bed was under isolation. On 4/18/24 at 2:45 PM, an interview was conducted with the Director of Nursing (DON) and was asked if staff should be wearing PPE in EBP isolation rooms. The DON replied, Yes. When providing direct care of high contact care. They need to be putting a gown, shield, and gloves on. Review of R3's physician order, dated 4/17/24 at 10:58 AM, read in part, .Enhanced barrier precautions secondary to indwelling medical device . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235292	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Sault Ste Marie	1011 Meridian Rd Sault Sainte Marie, MI 49783

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of physician orders for R3, R9, and R10, revealed EBP orders were added to the electronic medical record on 4/17/24 after this Surveyor asked for infection control policies for transmission-based precautions and enhanced barrier precaution policies and began the abbreviated survey task at 10:20 AM on 4/17/24. Review of policy titled, Enhanced Barrier Precautions, dated 3/26/24, read in part, Policy: It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms. Definitions: Enhanced barrier precautions refers to an infection control intervention designated to reduce transmission of multidrug-resistant organisms that employs targeted gown and gloves used during high-contact resident care activities. Policy Explanation and Compliance Guidelines: . 2. Initiation of Enhanced Barrier Precautions .b. Even if the resident is not known to be infected or colonized with MDRO, an order for enhanced barrier precautions will be obtained for residents with any of the following: i. Wounds .ii. Indwelling medical device .urinary catheters .3. Implementation of Enhanced Barrier Precautions may include but is not limited to - a. Make gowns and gloves readily available near or outside of the resident's room . DPS B Based on interview and record review the facility failed to maintain an effective infection control program for the testing, prevention, and management of tuberculosis for five Residents (R1, R3, R6, R7, and R8) of five reviewed for infection control. This citation is linked to intakes MI00142467 AND MI00142753. On 4/16/24 at 12:35 PM, an interview was conducted with Complainant M and was asked about the nature of the allegations and replied, When I was admitted they never even did a TB (tuberculosis) test on me. Review of R1's physician orders, dated January 2024, read in part, .Pending confirmation Tuberculin PPD (purified protein derivative) Solution, inject 0.1 ml (milliliters) intradermally one time only for tuberculosis screening until 1/24/24 .read/record results 48-72 hours in millimeters .Read PPD results in mm (millimeters) Document in immunizations one time only for tuberculosis screening until 1/27/24 . Review of R1's immunizations, date printed 4/17/24, revealed the lack of any immunizations or PPD testing recorded. Review of R1's medication administration record (MAR), dated January 2024, revealed the lack of any PPD test administered, but had the PPD reading signed out on 1/27/24 at 6:57 AM. Review of R3's physician orders, dated 3/1/24 through 4/17/24, lacked any orders for PPD tuberculosis testing. Review of R6's dated 4/3/24 through 4/17/24, lacked any orders for PPD tuberculosis testing. Review of R7's dated 4/5/24 through 4/17/24, lacked any orders for PPD tuberculosis testing. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235292	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Sault Ste Marie	1011 Meridian Rd Sault Sainte Marie, MI 49783

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of R8's dated 4/8/24 through 4/17/24, lacked any orders for reading a PPD tuberculosis test. On 4/17/24 at 2:45 PM during an interview the DON/Infection Control Preventionist was asked about TB PPD testing. The DON replied, Tuberculosis testing is to be done on admission . and stated orders are added by admitting nurse but at times she has .to add them because they did not add them and there is no reason it should not be done on admission unless resident has had a recent chest x-ray to rule out tuberculosis. The DON provided an admission check list which included the orders for tuberculosis testing to be performed on new residents. The DON was then asked about R3's tuberculosis test not being added in to physician orders and replied, I do not know why it was not added or completed. The DON stated, R6 was just added today and was not sure why. The DON confirmed she was not sure why R1 was read when there was obviously no test administered. Review of the facility document titled, Nurse Admission Checklist, undated, read in part, .admission task .2 step TB (PPD) orders and read TB orders and trigger evaluation/annual screening . On 4/17/24 at 3:00 PM, an interview was conducted with Regional Clinical Consultant Registered Nurse and was asked why she had just added orders to residents EMR and replied, Well I just thought I would do some new admission audits while I was here. Orders for TB PPD testing added after surveyor requested the tuberculosis policy on 4/17/24 after starting the abbreviated survey process. Review of policy tilted, Tuberculosis Program, dated 12/7/23, read in part, Policy: The Facility's Tuberculosis (TB) program includes, but is not limited to infection control, screening and testing, prevention and management .Policy Explanation and Compliance Guidelines: 1. Infection Control: The TB infection control plan is part of the facility's overall infection control plan and designed to ensure the following: a. Prompt detection of infectious TB residents .4. TB screening is defined as a process that includes a TB risk assessment, symptom evaluation, TB testing for M. tuberculosis infection .8. Newly admitted residents a. All residents shall be have an annual risk assessment, symptom assessment and a 2 step TST or 1 IGRA upon admission. b. TST test shall be administered read within 48 - 72 hours and given 1 to 3 weeks apart . Review of policy titled, Infection Prevention and Control Program, dated 10/24/22, read in part, Policy: This facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment, and to help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines .Policy Explanation and Compliance Guidelines: .15. Annual Review: a. The facility will conduct an annual review of the infection prevention and control program, including associated programs and policies and procedures based upon the facility assessment which includes any facility and community risk. b. Following review, the infection and prevention control program will be updated as necessary. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235292	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Sault Ste Marie	1011 Meridian Rd Sault Sainte Marie, MI 49783

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 4/18/24 at 12:15 PM, an exit conference was held with the DON, the Nursing Home Administrator (NHA), the Regional Clinical Consultant Registered Nurse, and the Regional NHA. During the exit conference this Surveyor voiced her concerns of her findings related to the Abbreviated Survey process. The Regional Clinical Consultant Registered Nurse stated that she had spoken to her colleague regarding the TB testing on newly admitted residents into the facility and state requirements. An email document was provided from a State Agency staff, originally dated 8/17/23, reviewed and read in part, There are not requirements in the state administrative rules for patient/resident TB testing .It is expected that a facility does a risk assessment . and put a policy in place for your facility .