

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>235293                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                   | (X3) DATE SURVEY<br>COMPLETED<br><br>07/31/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Medilodge of Farmington                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>34225 Grand River Ave<br>Farmington, MI 48335 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                            |                                                 |
| F 0584<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 32568</p> <p>This citation pertains to Intake Number(s): MI00145374</p> <p>Based on observation, interview, and record review, the facility failed to maintain the building at a safe and comfortable temperature on the second floor for 15 (R701, R703, R704, R705, R706, R707, R709, R710, R711, R712, R713, R714, R715, R716, and R717) of 17 residents reviewed for a safe, clean, comfortable, homelike environment, resulting in expressions of physical discomfort. Findings include:</p> <p>On 7/31/24 at 8:45 AM, upon entrance into the facility, the Director of Nursing (DON) reported she had to set the surveyors up in the day room on the first floor because it was too hot in the day room on the second floor. Upon entrance to the first floor day room, it was observed to be hot and humid.</p> <p>On 7/31/24 at approximately 11:00 AM, an interview was conducted with R701 in his room. The room was very hot despite a portable air condition (A/C) unit running. R701 reported it was uncomfortable in his room and has been going on for some time. R701 pointed to the thermostat that was set at 50 degrees Fahrenheit (F). The temperature of the room displayed on the thermostat was 82 degrees F.</p> <p>On 7/31/24 at approximately 11:30 AM, an interview was conducted with Licensed Practical Nurse (LPN) 'B' who was assigned to the 2 East Unit. When queried about the temperature in R701's room, LPN 'B' reported there was an issue with the A/C and it had been going on for a while and worse in the past week. LPN 'B' reported that she had been trying to monitor residents more frequently and that it was difficult to work in the heat. LPN 'B' said back in June 2024, some residents were given portable A/C units, but not everyone received one. When queried if every room was hot on the 2 East unit, LPN 'B' reported almost all rooms except two were hot.</p> <p>On 7/31/24 at approximately 11:35 AM, an interview was conducted with Housekeeper 'C'. When queried about the temperature in the building, Housekeeper 'C' said she just returned from vacation that day and was gone for a week. Housekeeper 'C' said the temperature was not that hot in the building before she left for vacation.</p> <p>(continued on next page)</p> |                                                                                            |                                                 |

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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| F 0584<br><br>Level of Harm - Minimal harm or<br>potential for actual harm<br><br>Residents Affected - Some                        | <p>On 7/31/24 at approximately 12:15 PM, an interview was conducted with the Administrator for the ventilator unit (Administrator 'A') and Maintenance Director 'D'. According to Administrator 'A', Maintenance Director 'D' began working in the facility on 7/23/24. When queried about any issues regarding temperature in the building, Administrator 'A' reported that back in June 2024 there were issues but they were repaired. At that time, Administrator 'A' reported they provided portable A/C units to the affected residents. When queried about what was going on currently with the temperatures in the building, Administrator 'A' reported he was not aware of any rooms that had temperatures out of range (over 81 degrees Fahrenheit - F). At that time, room temperature monitoring logs were requested since June 2024, along with any documented servicing or repairs to the facility's cooling system.</p> <p>On 7/31/24 at 1:12 PM, Administrator 'A' provided Logbook Documentation for Test and log air temperatures from 5/21/24 through 7/5/24. There was nothing logged after 7/5/24 and no temperatures outside of the required range (no temperatures over 81 degrees).</p> <p>On 7/31/24 at 1:16 PM, Administrator 'A' was asked via email with the whole facility Administrator included in the email if the information provided was complete. Administrator 'A' reported it was.</p> <p>On 7/31/24 at 1:20 PM, an interview was conducted with Administrator 'A'. When queried about why room temperature monitoring had not been completed since 7/5/24 when there were obvious temperature issues in the facility (as evidenced by observation, the DON mentioning it upon entrance, and resident and staff interviews), Administrator 'A' reported there might be additional room temperature logs, but he would have to look for them because there was a transitional period with maintenance staff. Administrator 'A' reported the former Maintenance Director's last day was 7/19/24 and the new Maintenance Director (Maintenance Director 'D') started on 7/23/24. It was reported there was a Maintenance Assistant as well. Administrator 'A' reported that room temperatures were to be monitored on a regular basis and if nursing staff or maintenance staff identified any concerns, they were to be brought to his attention or the Administrator. Administrator 'A' said no nursing or maintenance staff reported any issues with the temperatures in the building as of that day (7/31/24). At that time, a request was made to interview the Administrator. Administrator 'A' reported she was not in the building at that time and would return later. Prior to the end of the survey, it was unknown that the Administrator returned to the facility.</p> <p>On 7/31/24 at 1:27 PM, an interview was conducted with Maintenance Director 'D'. When queried about any monitoring of room temperatures that was done since he began working in the facility, Maintenance Director 'D' reported he had not monitored any temperatures in resident rooms.</p> <p>On 7/31/24 at 1:32 PM, an observation of the Ventilator Unit (unit that housed residents who were not able to breathe on their own without mechanical ventilation) and the 2 East Unit was conducted with Maintenance Director 'D'. Maintenance Director 'D' obtained room temperatures using an infrared laser temperature gun. The following temperatures were observed:</p> <p>Ventilator Unit</p> <p>R705 and R706 - 83.1 degrees F</p> <p>R707 - 83.1 degrees F</p> <p>R710 - 83.3 degrees F</p> <p>(continued on next page)</p> |                                                                                            |                                                 |

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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>R709 - 82 degrees F</p> <p>R711 - 83.1 degrees F</p> <p>2 East Unit</p> <p>R704 and R712 - 84.2 degrees F</p> <p>R713 and R714 - 84.2 degrees F</p> <p>R715 was observed lying in bed. R715 reported it had been hot in her room for days and it was making her asthma worse.</p> <p>R701 - 85.0 F degrees with a portable A/C unit running</p> <p>R703 was observed lying in bed. Two portable air condition units were running on high in her room. R703 reported it was so hot in her room, her husband had to buy the air condition units to cool the room off. R703 reported it made it difficult to breathe when it was hot due to asthma. R703 was observed with oxygen being administered via nasal cannula.</p> <p>R716 and R717 - 82 degrees F</p> <p>On 7/31/24 at approximately 2:15 PM, the high room temperatures (above 81 degrees F) was discussed with Administrator 'A'. When queried about what was put into place to ensure residents were comfortable and that they were hydrated and medically stable, Administrator 'A' reported he was not aware of the temperatures until the surveyor notified him. Administrator 'A' then said there were people currently in the building working on the A/C issue.</p> <p>On 7/31/24 at 3:19 PM, an interview was conducted with the mechanical contractor staff (Contractor 'F') present in the building. When queried about what job they were completing the the facility on that day, Contractor 'F' reported they replaced filters and an exhaust fan in the kitchen. Contractor 'F' reported that they did some work on the cooling system a while back and various quotes were given, but they were not there to work on that at that time.</p> <p>A review of R705's clinical record revealed R705 was admitted into the facility on [DATE] and readmitted into the facility on [DATE] with diagnoses that included: pneumonia and chronic respiratory failure. A review of R705's Minimum Data Set (MDS) assessment dated [DATE] revealed R705 had no speech, had severely impaired cognition, and was dependent on a mechanical ventilator to breathe.</p> <p>A review of R706's clinical record revealed R706 was admitted into the facility on [DATE] and readmitted on [DATE] with diagnoses that included: acute and chronic respiratory failure with hypoxia. A review of R706's MDS assessment dated [DATE] revealed R706 had no speech, had severely impaired cognition, and was dependent on a mechanical ventilator to breathe.</p> <p>A review of R707's clinical record revealed R707 was admitted into the facility on [DATE] and readmitted on [DATE] with diagnoses that included: acute and chronic respiratory failure with hypoxia and epilepsy. A review of R707's MDS assessment dated [DATE] revealed R707 had no speech, had severely impaired cognition, and was dependent on a mechanical ventilator to breathe.</p> <p>(continued on next page)</p> |                                                                                            |                                                 |

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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>A review of R710's clinical record revealed R710 was admitted into the facility on [DATE] and readmitted on [DATE] with diagnoses that included: chronic respiratory failure with hypoxia. A review of R710's MDS assessment dated [DATE] revealed R710 had no speech, had severely impaired cognition, and was dependent on a mechanical ventilator to breathe.</p> <p>A review of R709's clinical record revealed R709 was admitted into the facility on [DATE] an readmitted on [DATE] with diagnoses that included: chronic respiratory failure with hypoxia. A review of R709's MDS assessment dated [DATE] revealed R709 had no speech, had severely impaired cognition, and was dependent on a mechanical ventilator to breathe.</p> <p>A review of R711's clinical record revealed R711 was admitted into the facility on [DATE] and readmitted on [DATE] with diagnoses that included: chronic respiratory failure with hypoxia. A review of R711's MDS assessment dated [DATE] revealed R711 had no speech, had severely impaired cognition, and was dependent on a mechanical ventilator to breathe.</p> <p>A review of R704's clinical record revealed R704 was admitted into the facility on [DATE] and readmitted on [DATE] with diagnoses that included: acute respiratory failure with hypoxia. A review of R704's MDS assessment dated [DATE] revealed R704 had severely impaired cognition.</p> <p>A review of R712's clinical record revealed R712 was admitted into the facility on [DATE] and readmitted on [DATE] with diagnoses that included: chronic respiratory failure with hypoxia, obstructive sleep apnea, and muscular dystrophy. A review of R712's MDS assessment dated [DATE] revealed R712 had intact cognition.</p> <p>A review of R713's clinical record revealed R713 was admitted into the facility on [DATE] and readmitted on [DATE] with diagnoses that included: acute and chronic respiratory failure and chronic obstructive pulmonary disease (COPD). A review of R713's MDS assessment dated [DATE] revealed R713 had severely impaired cognition and a tracheostomy (a tube surgically inserted into the windpipe to assist with breathing).</p> <p>A review of R714's clinical record revealed R714 was admitted into the facility on [DATE] and readmitted on [DATE] with diagnoses that included: acute and chronic respiratory failure with hypoxia. A review of R714's MDS assessment dated [DATE] revealed R713 had severely impaired cognition and a tracheostomy.</p> <p>A review of R715's clinical record revealed R715 was admitted into the facility on [DATE] and readmitted on [DATE] with diagnoses that included: asthma. A review of R715's MDS assessment dated [DATE] revealed R715 had intact cognition.</p> <p>A review of R701's clinical record revealed R701 was admitted into the facility on [DATE] with diagnoses that included: multiple fractures after a motorcycle accident. A review of R701's MDS assessment dated [DATE] revealed R701 had intact cognition.</p> <p>A review of R703's clinical record revealed R703 was admitted into the facility on [DATE] with diagnoses that included: acute and chronic respiratory failure and COPD. A review of R703's MDS assessment dated [DATE] revealed R703 had intact cognition.</p> <p>(continued on next page)</p> |                                                                                            |                                                 |

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| F 0584<br><br>Level of Harm - Minimal harm or<br>potential for actual harm<br><br>Residents Affected - Some                        | <p>A review of R716's clinical record revealed R716 was admitted into the facility on [DATE] with diagnoses that included: COPD. A review of R716's MDS assessment dated [DATE] revealed R716 had intact cognition.</p> <p>A review of R717's clinical record revealed R717 was admitted into the facility on [DATE] with diagnoses that included: acute and chronic respiratory failure, emphysema, and COPD. A review of R717's MDS assessment dated [DATE] revealed R717 had moderately impaired cognition and received oxygen therapy.</p> <p>No additional information was provided prior to the end of the survey.</p> <p>A review of a facility policy titled, Safe and Homelike Environment, revised on 1/1/22, revealed, in part, the following, .Comfortable and safe temperature levels means that the ambient temperature should be in a relatively narrow range that minimizes residents' susceptibility to .hyperthermia and is comfortable for the residents .The facility will maintain comfortable and safe temperature levels The facility should strive to keep the temperature in common resident areas between 71 and 81 degrees Fahrenheit .</p> |                                                                                            |                                                 |