

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

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2026
NAME OF PROVIDER OR SUPPLIER Medilodge of Livingston		STREET ADDRESS, CITY, STATE, ZIP CODE 3003 W Grand River Howell, MI 48843	
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake #3004757. Based on interview and record review, the facility failed to ensure accurate skin assessments and initiate treatments for skin impairments for one resident (R805) of two residents reviewed for skin impairments, resulting in unidentified and untreated wounds. Findings include: A complaint received by the State Agency alleged the facility did not complete accurate skin assessments and failed to initiate treatment to skin impairments. A review of R805's clinical record revealed they admitted to the facility on [DATE] and discharged to the hospital on 4/27/26. R805's diagnoses included: diabetes, falls, heart failure, heart disease, major depressive disorder, and panic disorder. A review of R805's weekly skin assessments was conducted and revealed the following: 4/23/26, no documented skin impairments. 4/26/26 MASD (moisture associated skin damage) under bilateral breasts and armpits, and redness and open areas to right and left iliac crests (curved ridge of the hip) and toes. A review of progress notes and physician's orders did not indicate the physician had been contacted, or any treatments had been initiated. On 7/14/26 at 10:05 AM, the facility's Administrator provided an investigation and past noncompliance documents regarding R805. A review of the documents provided read, .1. Description of the Quality Concern (why and how did it happen): (R805) was found to have skin issues when she was at the hospital. Facility identified skin issues 24 hours prior to send out. Not all skin issues identified in the hospital were accurately depicted in last skin assessment prior to send out. There was no intervention put into place by nursing . On 7/14/26 at 10:22 AM, an interview was conducted with the facility's Administrator regarding the identification of noncompliance. They were asked how they were made aware of the concern from the hospital and said their Hospital Liaison 'H' had reached out to the facility informing them of the condition of R805's skin. They went on to explain the facility compared the hospital documentation to the facility documentation and determined the facility skin assessments were not accurate, and staff had not initiated any treatments. On 7/14/26 at 12:30 PM, an interview was conducted with the Director of Nursing (DON) and they were asked about how they identified and addressed the noncompliance. They said their Hospital Liaison 'H' had informed them R805 admitted to the hospital with wounds and called the facility to obtain the wound care orders for treatment they were receiving in the facility. The DON said R805 did not have any wound care orders in the facility, so they began investigating the concern. The DON said they reviewed R805's chart and saw skin impairments were identified 24 hours prior to them being sent out, but the descriptions of the impairments were not congruent with the condition of R805's skin when they admitted to the hospital. They further explained they interviewed several direct care staff (Nurses and Certified Nurse Aides) who reported R805 had several skin impairments prior to the last documented skin assessment on 4/26/26. The DON was asked if they queried staff why they did not document the impairments, inform the physician, and obtain treatment orders if they had knowledge the impairments were (continued on next page)		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	present prior to the assessment on 4/26/26 and said some of the staff had no answer and other staff said they, Thought someone else had already addressed it. During the onsite survey, past noncompliance was cited after the facility implemented actions to correct the noncompliance which included: identification of other residents with the potential to be affected by the deficient practice, review of the facility policy for skin management, re-education of staff, and audits of residents weekly to ensure accuracy of assessments and initiation of treatments. The facility was able to demonstrate monitoring of the corrective action and maintained compliance.		