STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235330	A. Building B. Wing	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Livingston	3003 W Grand River Howell, MI 48843

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review, the facility failed to maintain sanitary conditions in the kitchen and pantry in accordance with professional standards for food service safety. This deficient practice had the potential to affect all residents that consume food from the facility. Findings include:On 1/5/26 during an initial observation of the kitchen and pantry between 8:35 AM-9:15 AM, an observation of the main kitchen was conducted with the Certified Dietary Manager (CDM 'H') and the Corporate Registered Dietician (RD ?G'). The following items were observed:The ice machine located near the meal prep area was observed to have black vents on the right and left sides of the unit that were visibly soiled with a thick layer of dust. When asked about who maintained the ice machine, CDM ?H' reported that was the responsibility of the maintenance staff.The reach in freezer had a cardboard box that was opened and inside was a clear plastic bag with frozen beef patties. The clear plastic bag was not sealed and open with visible ice crystals on the tops of the beef patties. When asked about how the food items should be stored, CDM ?H' reported the food items should be sealed completed and proceeded to fold over the plastic bag and closed the freezer door.At 9:05 AM, CDM ?H' was asked to observe any additional food pantries and they reported there was only one on the C hall. Observations with both CDM ?H' and RD ?G' revealed:There were several refrigerators with top freezers. The first refrigerator was observed to have a package of smoked pork hocks (for a resident that was not a current resident as of this survey) and had a Use by 11/21/25. The shelving units were observed to have thick, brownish colored substance throughout the bottom inside of the freezer. There were multiple other food items stored on top of the debris.One of the refrigerators was observed to have the top freezer with a bag of small ice cubes that were not sealed and opened to air with no name or date. When asked to identify who the ice was for and if that was provided by the facility, CDM ?H' reported they weren't sure which resident that was for and confirmed the bag of ice was not provided by the facility. Additionally, the top freezer was observed to have brownish colored debris throughout the bottom of the freezer area. There were multiple other food items stored on top of the debris. This refrigerator was also observed to have several containers of greek yogurt with no resident name and had a manufacturer's expiration date of 12/14/15.One of the refrigerators was also observed to have a blue and white striped lunch box with several unidentifiable food items stored on the bottom center area. There was no resident name or date and when asked to identify who that belonged to, both CDM ?H' and RD ?G' reported they could not identify that.The vents in the storage room inside the pantry where disposable cups, lids and straws were stored were observed to be covered in thick dust and the surrounding wall had visible dust debris blown around the vent.When asked about who was responsible to maintain the refrigerators in the pantry, CDM ?H' reported they did and were not able to offer any further explanation as to the current conditions observed.According to the 2022 FDA (Food and Drug Administration) Food Code section 3-305.11 Food Storage, (A) Except as specified in (B) and (C) of this section, food shall be protected from contamination by storing the food: (1) In a clean, dry location; (2) Where it is not exposed to splash, dust, or other contamination .According to the 2022 FDA Food Code section 3-501.17: Ready-to-eat, potentially hazardous food prepared and held in a food establishment for more (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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	than 24 hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded when held at a temperature of 41 degrees Fahrenheit or less for a maximum of 7 days. Refrigerated, ready-to- eat, potentially hazardous food prepared and packed by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded, and: (1) The day the original container is opened in the food establishment shall be counted as Day 1; and (2) The day or date marked by the food establishment may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on food safety.On 1/7/26 at 12:45 PM, the Administrator was requested to provide a policy for maintenance of the ice machine and reported they did not have a specific vent cleaning policy for the ice machine and in regard to cleaning, the facility utilized the manufacturer's recommendation.On 1/7/26 at 12:55 PM, an interview was conducted with the Maintenance Director (Staff ?J'). When asked about the process for cleaning the ice machines, they reported the process was completed per manufacturer's regarding emptying and sanitizing. When asked about the external vents, Staff ?J' reported that was not a part of their process when they did the monthly routine internal cleaning.Staff ?J' was requested to observe the pantry and kitchen. Observations included:On 1/7/26 at 1:00 PM, the pantry was observed and when asked about the process for cleaning the wall vents, Staff ?J' reported anyone, housekeeping or nursing who saw the soiled vents could assist with cleaning them or place a notice in the facility's electronic reporting system. When asked if they could recall any recent notifications regarding dusty/soiled vents in the pantry or kitchen, Staff ?J' reported they had not.Upon observation of the kitchen ice machine, Staff ?J' confirmed the same soiled external vents and reported they would likely have to include that on their monthly maintenance of the ice machines and further reported they had not been notified about that via the electronic reporting system.According to the facility's policy titled, Food Receiving and Storage dated 7/1/2025: .Food Services, or other designated staff, will maintain clean food storage areas at all times .Non-refrigerated foods, disposable dishware and napkins will be stored in a designated dry storage unit which is temperature and humidity controlled, free of insects and rodents and kept clean .All foods stored in the refrigerator or freezer will be covered, labeled and dated (opened on and use by date) .Wrappers of frozen foods must stay intact until thawing .According to the facility's policy titled, Ice Storage dated 7/1/2025:Ice machines and ice storage/distribution containers will be used and maintained to assure a safe and sanitary supply of ice .Our facility has established procedures for cleaning and disinfecting ice machines and ice storage chests which adhere to the manufacturer's instructions, and maintains a copy of these guidelines.According to the facility's policy titled, Use and Storage of Food Brought in by Family or Visitors dated 7/1/2025: .All food items that are already prepared by the family or visitor brought in must be labeled with content and dated .The facility may refrigerate labeled and dated prepared items in the nourishment refrigerator .All items not maintained are subjected to being thrown away if not removed by the resident and/or resident representative .According to the manufacturer's instructions and guidelines for maintenance of the ice machine: .EXTERIOR CLEANING Clean the area around the ice machine as often as necessary to maintain cleanliness and efficient operation.Sponge any dust and dirt off the outside of the ice machine with mild soap and water. Wipe dry with a clean, soft cloth.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. This citation pertains to Intake 2670486.Based on observation, interview and record review the facility failed to provide proper hand hygiene procedure during medication administration for two (R112, R09) of four residents reviewed for medication administration.Findings include:On 1/6/26 at 9:38 AM, a medication administration observation was conducted with Licensed Practical Nurse (LPN) B for R112 and was observed donning clear gloves in the bathroom without washing hands prior. LPN B then placed the right gloved hand to pull the privacy curtain, then proceed to inject insulin into their left lower abdomen.LPN B was then observed at the medication cart, after using hand sanitizer, opened their blue zipper shoulder bag, retrieved a marker to date the bottle, rezipped the bag, moved items on the cart, then opened the new bottle puncturing the safety seal and prepared the medication (Miralax-laxative medication) without cleaning hands.At 9:49 AM LPN B was observed providing medication and administering a health shake to R09 with no hand hygiene.On 1/6/26 at 10:10 AM, a medication storage observation of C-Hall Cart was conducted with Licensed Practical Nurse (LPN) D and Unit Manger LPN E at which time two loose pills were observed lying in the locked narcotic drawer in between the locked box and drawer. Unable to easily retrieve the medications for disposal, LPD D was observed taking a red colored plastic knife, removed chewing gum from their mouth, placed their chewed gum on the tip of the knife and proceeded to poke into the medication drawer and pulled the pills out, while Unit Manager LPN E was commenting I know this is gross.On 1/6/26 at 12:56 PM, an interview with the Director of Nursing (DON) acknowledged hand hygiene is to be consistent and will reinforce their policy. The DON had no comment regarding the gum and pill retrieval but acknowledged that it was not sanitary,

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F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to promote the resident's right to be treated with dignity and respect for one (R96) reviewed for dignity, resulting in facility staff searching a resident's personal possessions without giving the resident the opportunity to decline.Findings include:Clinical record review documented R96 was admitted to the facility on [DATE] requiring dialysis (medical procedure to remove waste products from the blood) because of acute kidney failure due to rhabdomyolysis (muscle breaks down and releases toxins into the blood and kidneys). R96's Skilled Medical Assessment documented on 12/25/25 confirmed R96 was orientated to person, place, date, and time.On 1/5/26 at 11:25 AM, during initial interview and introduction, R96 was observed sitting on the side of the bed, with the center of their white mustache colored yellow as if nicotine stained, had a faint odor of cigarettes and was visibly upset. When inquired, R96 revealed just prior to this interview, they went outside to have a cigarette and when they returned, their cigarettes, a lighter, an unopened shot of peanut butter whiskey (was saving for when discharged to celebrate) and their Trelegy (steroid) Inhaler were gone. R96 stated he told the Nursing Home Administrator (NHA) to return them or reimburse them ten dollars. R96 said the facility knows he smokes and they just came in here and stole my stuff.On 1/5/26 at 11:30 AM, an interview with Licensed Practical Nurse (LPN) B outside of R96's room was asked what had happened regarding the cigarettes and confirmed there was much loud commotion in their room moments earlier and replied that someone took some stuff out of their room when he was not in there.On 1/7/26 at 11:10 AM, an interview with the NHA acknowledged that staff from corporate were checking rooms, had seen the items in R96's room and confiscated without R96's knowledge or presence. The NHA admitted this was not appropriate and should have not confiscated.

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure prompt efforts to resolve a complaint/grievance regarding the disposal of fresh purchased personal food items for one resident (R29) of one reviewed for grievances.Findings include:R29 was admitted to the facility on [DATE], with end stage kidney disease, required in house hemodialysis, and was legally blind. A Brief Interview of Mental Status (BIMS) score assessed on 12/19/25 totaling 13/15 indicated R29 was cognitively intact.On 1/5/26 at approximately 11:30 AM, during initial introductions and interview, R29 voiced approximately two months ago, they had ordered a delivery for JETS Pizza. The following day when requested to have their leftovers, R29 was informed the kitchen staff had thrown the pizza into the garbage because it was not dated. R29 said he is blind and relied on the staff to label his food. R29 remarked the Nursing Home Administrator (NHA) said they would reimburse $40.00 for the cost of the meal and Certified Dietary Manager (CDM) E told them next time pizza was served as a meal at the facility, R29 they would receive extra pizza next time it was on the menu.R29 confirmed at the time of this interview, they still have not been reimbursed, nor have they received any extra pizza as promised.A record review of the grievance form filed for R29 on 10/21/25 documented .food thrown out.items never dated according to my staff.On 1/6/26 at 2:17 PM, Licensed Practical Nurse (LPN) E was interviewed who authored the initial grievance for R29 and recalled that sometimes residents or their families will date their food, and it is placed into the refrigerator. However, R29 is blind, so staff would do it on their behalf. Unfortunately, the staff did not date the food, and the kitchen threw it out.On 1/6/26 at 2:28 PM, Certified Dietary Manager (CDM) E was interviewed with Corporate Dietary (CD) I and recalled R26s pizza was thrown away because it was not dated. CDM E confirmed the facility staff are responsible for dating residents' food items when placing into the refrigerator and R29's pizza was not dated by staff. When asked if R29 was promised more pizza and or reimbursed, CDM E confirmed they were not provided extra pizza and CD I remarked any financial reimbursement would be handled by the NHA.On 1/6/25 at 2:30 PM, The NHA was interviewed and reviewed the grievance from R29 filed 10/21/25 and was informed of the above interviews. The NHA acknowledged the facility had never reconciled the grievance with R29 and commented they would address immediately.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on observation, interview, and record review, the facility failed to meet professional standards of quality for medication administration for two (R114, R09) of four residents reviewed for the medication administration task.Findings include:On 1/6/26 at 9:55 AM, an observation of Licensed Practical Nurse (LPN) D was at the C-Hall medication cart #1 reading aloud from the computer screen the Medication Administration Record (MAR) orders for R114's morning medications to LPN B who was observed at C-Hall medication cart #2, pulling the medications as LPN D read them off.On 1/6/26 at 12:07 PM, a record review of R09's MAR was reconciled from the earlier medication administration observation with LPN B and revealed the medications were documented as signed off by LPN D. LPN B was interviewed and when the MAR was reviewed, they had identified that it was their error, had not signed in under their log in, and charted on another nurse's credentials.On 1/6/26 at 12:07 PM, an interview with the Director of Nursing (DON) acknowledged the medications that were pulled for R114 should have been done by only one nurse. The DON confirmed having one nurse read off medications as another nurse pulls the medications was not safe and unacceptable. The DON also agreed that nursing must sign in and sign out of the computer using their own credentials and the error would be addressed.Record review of the Medication Administration Policy dated 1/2023 documented: .Medications are administered by licensed nurses.in accordance with professional standards of practice.Compare medications source of MAR to verify resident name, medication name, form, dose, route, and time of administration.

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F 0689 Level of Harm - Minimal harm or potential for 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** Based on observation, interview and record review, the facility failed to conduct a Safe Smoking Assessment of one resident (R96) of one reviewed for smoking.Findings include:Clinical record review documented R96 was admitted to the facility on [DATE] requiring dialysis (medical procedure to remove waste products from the blood) because of acute kidney failure due to rhabdomyolysis (muscle breaks down and releases toxins into the blood and kidneys). R96's Skilled Medical Assessment documented on 12/25/25 confirmed R96 was orientated to person, place, date, and time.On 1/5/26 at 9:22 AM, the Nursing Home Administrator (NHA) confirmed at Entrance Conference, that the facility was a non-smoking facility, no residents currently resided that smoked, and if residents are smokers, they can receive a nicotine patch.On 1/5/26 at 11:25 AM, during initial interview and introduction, R96 was observed sitting on the side of the bed, with the center of their white mustache colored yellow as if nicotine stained, had a faint odor of cigarettes and was visibly upset. When inquired, R96 revealed just prior to this interview, they went outside to have a cigarette and when they returned, their cigarettes, a lighter, an unopened shot of peanut butter whiskey (was saving for when discharged to celebrate) and their Trelegy (steroid) Inhaler were gone. R96 stated he told the NHA to return them or reimburse them ten dollars. R96 said the facility knows he smokes and they just came in here and stole my stuff.R96 said they had just started smoking again at the end of November and the cigarettes were brought in by their niece. R96 said they stored them in the top drawer of their nightstand or in their coat pocket. They do not have to have them locked up nor ask staff for them. R96 said they were asked to smoke on the far outskirts of the parking lot away from the building, which they do. R96 admits to going outside approximately 4-5 times daily to smoke and the staff was fully aware that they smoke. R96 further remarked that the NHA had asked them to wait until after 5:00 PM to go outside after you guys (State Surveyors) leave the building. No one has ever had a concern of me smoking until the State showed up.On 1/5/26 at 11:30 AM, an interview with Licensed Practical Nurse (LPN) B outside of R96's room was asked what had happened regarding the cigarettes and confirmed there was much loud commotion in their room moments earlier, and they took some stuff out of the room when they were not in there. LPN B acknowledged we know R96 smokes, they will go outside, keeps the cigarettes in their pocket and goes to an area on other side of parking lot to smoke.On 1/7/26 at 11:00 AM, an interview with Receptionist K was questioned if there were residents who smoked at this facility and admitted yes. When asked, Receptionist K confirmed they would go in and out of the main door, and smoke outside past the cars in the parking lot. When asked what residents smoke, Receptionist K replied R96 was a smoker and wondered where they had been over the past few days because they tend to go in and out frequently to smoke. Receptionist K provided the sign out book and an observation under R96 from December 2025 revealed them signing in and out. Receptionist K said sometimes they will sign out to smoke, sometimes they don't because they come right back into the building.On 1/7/26 at 11:16 AM, The NHA acknowledged that R96 was once caught before smoking and was informed by the NHA that this was a non-smoking facility. The NHA also confirmed there was no smoking policy for the facility and provided a blank document .Acknowledgment of Facility Smoking Policy which by signing the parties agree and acknowledge the facility smoking policy and will adhere to all conditions. This form was not revealed in R96's medical record. A safe smoking assessment form had not been conducted until 1/5/26 at 10:13 after the State Survey had commenced.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation and interview the facility failed to ensure accurate accounting for an administered controlled medication (refers to drugs that are regulated due to their potential for abuse and dependance) for one resident (R09) of one reviewed for controlled medication administration.Findings include:On 1/6/26 at 9:38 AM, a medication administration observation was conducted with Licensed Practical Nurse (LPN) B for R09 who was to receive Ativan (a benzodiazepine classified as a controlled medication to treat anxiety, insomnia, and other related conditions) 0.5 milligram (mg) every 12 hours. Review of the controlled substance binder for the medication identified the nurse who last administered the medication identified as LPN C did not document the date or time the medication was last administered. LPN B proceeded to fill in the blank areas stating the nurse did not do it.On 1/6/26 at 9:41 AM, LPN B saw the Nursing Home Administer (NHA) in proximity and was observed telling the NHA they need to call LPN C because they did not sign out their narcotic book.On 1/6/26 at 1:10 PM, the Director of Nursing (DON) in the presence of Registered Nurse (RN) A was interviewed and acknowledged nursing must document controlled substances into the controlled substance binder and further remarked nursing performs a two-nurse reconciliation of the controlled substances every shift and should not had been missed.

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F 0577 Level of Harm - Potential for minimal harm Residents Affected - Many	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. Based on observation, interview, and record review, the facility failed to ensure the results of the most recent recertification survey were readily accessible to residents, their family members, and their legal representatives and failed to post a notice of availability of survey reports for the past three years. This has the potential to affect all residents who reside in the facility. Findings include: On 1/6/26 at 1:00 PM, a resident council interview was conducted with seven residents who wished to remain anonymous. When queried about access to the results of previous surveys, all seven residents reported they did not know where to find the survey results. On 1/6/26 at 2:20 PM, an interview was conducted with Registered Nurse (RN) 'A' (a former Director of Nursing in the facility). When queried about where the results of the previous survey inspections were located, RN 'A' said a binder was located in the front lobby which required a code to open the door (end enter the lobby). The binders were located in a pile behind the front desk off to the side. On 1/6/26 at 2:24 PM, an interview was conducted with the Administrator. When queried about why the survey result binders were located in the lobby which was not readily accessible by the residents, the Administrator reported anyone who wanted to see the results was able to ask him and he would give them the binders. Upon further observation, there were no postings visible in the facility that noted the survey results were available for review. A review of a facility policy titled, Facility Required Postings, revised on 1/1/22, revealed, in part, the following, The facility will post required postings in an area that is accessible to all staff and residents .The facility must also post the following .Most recent survey results of the facility .