STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235331	A. Building B. Wing	04/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Howell	1333 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 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** 30675 This citation pertains to intake #MI00142965, and MI00139952. Based on observation, interview and record review, the facility failed to ensure the required assistance level for bed mobility was provided to one (R913) of four residents reviewed for accidents. Findings include: Review of allegations reported to the State Agency included concerns with R913 having adequate interventions to prevent falls. On 4/22/24 at 2:40 PM, R913 was observed laying in bed on their back. Their bed had an air mattress with a wider width mattress in place. There were no assist rails or bars observed in use. R913 was asked about their fall on 4/20/24 and reported the aide was changing her brief and the linens and they rolled out of the bed. When asked how many staff were present at the time, R913 reported only one. When asked if there were any adaptive rails or bars to the bed that they could hold onto when they were rolled over, they reported no but they felt that might help them. Review of the clinical record revealed R913 was admitted into the facility on [DATE] under hospice services. R913 had been hospitalized on [DATE] and returned to the facility on [DATE] following a fall incident in which the hospital discharge documentation identified R913 sustained a closed head injury. Additional diagnoses included: metabolic encephalopathy, other hypertrophic cardiomyopathy, hepatic failure without coma, edema, pulmonary hypertension, sepsis, neuromuscular dysfunction of bladder, and acute kidney failure. According to the Minimum Data Set (MDS) assessment dated [DATE], R913 had moderately impaired cognition, had no upper or lower extremity impairment, was continent of bowel, and had an indwelling urinary catheter, required substantial/maximal assistance with toileting, hygiene, and their ability to roll to the left and right. The resident's ability to roll from lying on their back to the left and right side, and return to lying on back on the bed = partial/moderate assistance, and had a fall history prior to admission, but no falls since admission. Review of the care plans included: An Activity of Daily Living (ADL) care plan initiated on 3/27/24, revised on 4/2/24 documented: (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2024
NAME OF PROVIDER OR SUPPLIER: Medilodge of Howell		STREET ADDRESS, CITY, STATE, ZIP CODE: 1333 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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident has an ADL self-care performance deficit related to: choosing not to get out of bed, terminal process, decreased mobility, and weakness. Interventions include: BED MOBILITY: 2 person assist date initiated 3/27/24. TOILETING: 2 person assist date initiated 3/27/24. A Fall care plan initiated on 3/27/24, revised on 4/22/24 documented: Resident is at risk for falls/injury related to: terminal process, cognitive deficits, and weakness. Interventions include: body pillow to assist in bed boundary awareness date initiated 4/22/24. frequent rounding to ensure resident has proper positioning in the middle of bed date initiated 4/20/24. Review of the incident reports provided included three fall incidents since admission on 4/12/24, 4/15/24, and 4/20/24. The incident documented on 4/12/24 at 5:58 PM read, .Nursing Description: heard loud crash noise, resident scream 'oh sh**' observed resident laying on her right side on the floor near the door. Resident Description: I just fell over .Description: assessment and send to ER (emergency room) pain in hip back and head . Resident returned on 4/13/24 with diagnosis of closed head injury. The incident documented on 4/15/24 at 3:17 AM read, .resident found tangled in blankets on side of bed. Resident states help me get up and no c/o (complaints of pain). Resident Description: resident states rolled out of bed . The incident documented on 4/20/24 at 10:40 AM read, .Nursing Description: Observed resident on the floor on her hands and knees. Resident Description: I rolled out of bed .No Injuries Observed Post Incident . Witnesses (Name of Certified Nursing Assistant/CNA 'H' . A nursing note on 4/20/24 at 11:16 AM by Nurse 'J' read, Resident was observed on the floor, next to her bed, on her hands and knees. CNA was assisting resident with changing brief and sheets and resident rolled out of the bed. Resident has a small skin tear on left forearm, no other apparent injuries. Resident recently received a new air mattress. There was no identification of the resident having one staff assistance when the plan of care indicated there should be two. A practitioner note on 4/20/24 at 11:53 AM by Physician Assistant 'I' documented R913 did sustain a minor injury that read, .Nursing reports Hello, [R913] rolled out of bed during a brief/bed sheet change. She has a small skin tear to her left forearm, but no other apparent injury . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2024
NAME OF PROVIDER OR SUPPLIER Medilodge of Howell		STREET ADDRESS, CITY, STATE, ZIP CODE 1333 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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of an entry on 4/22/24 at 8:08 AM by the current Director of Nursing (DON) read, IDT (Interdisciplinary Team) reviewed fall, per nursing description Resident was observed on the floor, next to her bed, on her hands and knees. CNA was assisting resident with changing brief and sheets and resident rolled out of the bed. Resident has a small skin tear on left forearm, no other apparent injuries. Resident recently received a new air mattress. Resident is own responsible party, provider, hospice, and management notified. Care plan updated for body pillow to assist in bed boundary awareness. There was no documentation that the facility identified a concern with the CNA providing care with only one person, when two were required per plan of care. On 4/22/24 at 3:06 PM, a phone interview was conducted with CNA 'H'. When asked to recall the events from R913's fall on 4/20/24, CNA 'H' reported they were cleaning her, she had pooped allover her back side and changed the bed sheet. When they changed the bed sheet, that was when the resident fell on the floor. When asked if there was anyone else in the room at the time of the fall, CNA 'H' reported, No there was no one else. I reported to the nurse and she said [R913] is supposed to have two people. When asked how they find out the status of a resident's care needs including bed mobility, CNA 'H' did not provide an explanation on how that was done and reported in their opinion they felt she needed two people since the resident is very weak, but was not aware prior to that fall that the resident required two person assist with bed mobility. When asked how long they had worked at the facility, and what training was offered such as competencies and skills evaluation, CNA 'H' reported they had been working at the facility for about a year and five months and had a meeting every month. When asked if they had received any training in regard to checking a residents care need status, they reported they had not. On 4/23/24 at 9:19 AM an interview was conducted with the DON, Administrator and Regional Director of Operations (Staff 'K'). When asked to review the fall incident from 4/20/24, the DON reported what was documented on the incident report was what they had completed. When asked why the facility hadn't identified that there was only one staff during bed mobility, when two were required per plan of care, the DON reported they would have to follow-up. When asked about their documentation of potential root cause of fall included an intervention to place a body pillow to assist in bed boundary, when the concern was if there was a second person, that may have prevented the fall, the DON reported this was their second day in this role and would have to investigate further. When asked about whether assist rails were ever considered to assist with resident's ability to hold on during rolling while changing brief and/or bed sheets, Staff 'K' and the Administrator reported if the resident wanted assist bars, they would have to be assessed, and care planned. When asked where staff would identify the type of care required, they reported that would be in the Kardex. The Administrator was requested to provide a copy of R913's Kardex as that was not available to the survey team in the electronic health record. Review of the Kardex provided documented, .Bed Mobility: 2 person assist . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2024
NAME OF PROVIDER OR SUPPLIER Medilodge of Howell		STREET ADDRESS, CITY, STATE, ZIP CODE 1333 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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/23/24 at 11:45 AM, the DON provided an additional document of an On-The-Spot-Education - Following Kardex which had been signed by CNA 'H' and a Nurse Manager on 4/12/24. The DON reported they were unsure why CNA 'H' reported they didn't receive education when they had only a short time before the recent fall with R913. According to the facility's policy titled, Accidents and Supervision dated 12/27/2023: .Each resident will be assessed for accident risk and will receive care and services in accordance with their individualized care plan .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235331	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2024
NAME OF PROVIDER OR SUPPLIER Medilodge of Howell		STREET ADDRESS, CITY, STATE, ZIP CODE 1333 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 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely, quality laboratory services/tests to meet the needs of residents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49272 This citation pertains to intake #MI00142965 Based on interview and record review, the facility failed to ensure physician ordered laboratory tests were completed for one (R910) of one resident reviewed for laboratory services. Findings include: Review of R910's clinical record revealed R910 was initially admitted to the facility on [DATE], readmitted on [DATE] with diagnoses that included: major depression, chronic respiratory failure and diabetes. A review of R910's physicians orders revealed an order from 1/30/24 for Skin script <sic> of left hand finger webs to rule out scabies. On 4/22/24 at 12:10 PM, an interview was conducted with infection preventionist B. When queried about results for the skin scraping order from 1/30/24 she was unable to provide results. On 4/22/24 at 12:40 PM, verbally requested results from 1/30/24 skin scraping order from NHA (Nursing Home Administrator). On 4/22/24 at 3:13 PM, an email was received from the NHA and stated that they have been unsuccessful in locating the result for the 1/30/24 skin scrape order. On 4/23/24 at 9:53 AM, an interview was conducted with the DON (Director of Nursing). When queried about the facility process for ensuring that laboratory orders are executed, she stated that diagnostic testing orders get discussed in their morning meeting and the ordering provider should follow up the next time that they round on the resident. No explanation was offered for why the order from 1/30/24 for skin scraping was not completed. At the conclusion of the abbreviated survey, results for the 1/30/24 skin scraping order had not provided by the facility. A review of the facility Laboratory and Diagnostic Guidelines policy dated documented in part, The facility may consider tracking laboratory (lab) and diagnostic test through various sources. The system is based on the lab provider and facility efficiency .a. Tracking log, b. Electronic portal, c. Calendar, d. Other