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	09/11/2025

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 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 2600758Based on interview and record review the facility failed to ensure timely administration of an ordered and requested pain medication (Oxycodone) for one resident (R101) of one reviewed for pain. Findings include:Findings include:Clinical record review revealed R101 sustained trauma resulting in necrotizing fasciitis (also known as flesh-eating disease, an infection that kills the body's soft tissue) of the left upper extremity and lower extremity. R101 underwent emergent debridement (surgical procedure that involves the removal of dead, damaged, or infected tissue) and fasciotomy (surgical procedure involves cutting through the tissues that surround muscles) of the left anterior (front) thigh and left forearm, underwent multiple debridement's, left femoral muscle flap graft and required a Wound VAC (vacuum-assisted closure technique that pulls tissue of a wound together and promotes healing). R101's pain regimen included Oxycodone 10 milligram (mg) every four hours as needed, and hospital discharge paperwork confirmed the last time R101 had received Oxycodone 10 mg was on 8/14/25 at 10:00 AM.On 9/10/25 around 2:30 PM, a telephone interview with the complainant confirmed their allegations and stated R101 was admitted on [DATE] around 3:30 PM for further skilled nursing care and rehabilitation. R101's pain regimen included Oxycodone 10 mg every four hours and was still requiring every four hours for pain control. On 8/14/25 R101 had requested to the admission Nurse they needed Oxycodone. The Nurse assured them Oxycodone was ordered, and until it was filled and received from the Pharmacy, they (Nursing) can pull the medication from a back up supply. On 8/14/25 at approximately 4:00 PM R101 had requested ordered Oxycodone. On 8/14/25 at 9:00 PM, R101 still had not received and requested Oxycodone. Nursing remarked everything was all set and would be provided. The complainant then received a phone call from Nursing around 11:00 PM and when they asked if R101 had received their Oxycodone, Nursing reassured pain medication was given. The complainant arrived at the facility on 8/15/25 around 2:00 PM, R101 informed me that more requests were made for Oxycodone, and no Oxycodone was administered.Record review of the Medication Administration Record (MAR) documented an order for Oxycodone 10 mg by mouth every four hours as needed for Pain. Start Date 08/14/2025 at 17:15. No Oxycodone was documented as administered on 8/14/25.Record Review of the Provider Encounter on 8/15/25 documented .Situation: Need OXY 5 mg 2 pills as a now dose-out of 10 mg tablets Treatment: ordered Oxycodone 5 mg take two pills x 1 dose .On 9/10/25 The Director of Nursing (DON) provided R101's Control Substance Record and documentation revealed R101 did not receive Oxycodone 10 mg as ordered starting on 8/14/25. Documentation revealed R101 had not received the Oxycodone ordered until 8/15/25 at 21:00. The DON acknowledged the medication was never provided to R101as ordered.

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