STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235350	A. Building B. Wing	02/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Gaylord	508 Random Lake Gaylord, MI 49735

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. This citation pertains to Intake 2741948.Based on interview and record review, the facility failed to ensure a medication was administered in the prescribed form for one Resident (#1) of three residents reviewed for quality of care.Findings include:Resident #1 (R1)Review of R1's Electronic Medical Record (EMR) revealed initial admission to the facility on 9/19/25 with diagnoses including malignant neoplasm of the lung (cancer), fracture of T7-78 vertebra, post-laminectomy syndrome (chronic back, neck, or limb pain which remains after spinal surgery), chronic obstructive pulmonary disease (COPD), and retention of urine.On 2/23/26 at 2:49 PM, a telephone interview was conducted with Complainant A regarding R1's care at the facility. Complainant A stated toward the end of R2's life, he was unable to swallow. Complainant A recalled one nurse tried to administer a medication tablet with water which caused R1 to choke. After that point, Complainant A stated the nurse staff would dissolve R1's pills in other medication liquids to form a solution.Review of R1's EMR revealed the following physician's orders: Lorazepam Oral Tablet 1 MG (milligram). Give 1 tablet by mouth every 1 hour as needed for anxiety. initiated 10/14/25. Atropine Sulfate Ophthalmic Solution. Give 1 drop sublingually [under the tongue] every 1 hours as needed for end of life, 1-2 drops as needed for secretions. initiated 10/15/25.Further review of R1's EMR revealed the following entries by Registered Nurse (RN) G:Orders - Administration Note on 10/15/25 at 16:38 [4:38 PM]: .Patient not drinking, on hospice.Orders - Administration Note on 10/15/25 at 16:38 [4:38 PM]: .Patient not eating, on hospice.10/16/25 at 11:42 AM: .[patient] can no longer swallow.Review of R1's Medication Administration Record (MAR) revealed he was administered Lorazepam tablets 25 times after the initial note indicating he was no longer eating or drinking.On 2/24/26 at 9:45 AM, an interview was conducted with RN G regarding R1's end-of-life care. When asked how R1was able to swallow Lorazepam tablets if he could no longer drink, eat, or swallow, RN G stated she dissolved the tablets in the Atropine to make a solution. When asked if a physician's order was needed to change the form of the medication, RN G indicated, No, we've [the facility] always done it that way for residents who are end-of-life care.On 2/24/26 at 10:21 AM, a telephone interview was conducted with facility Pharmacy Consultant/Pharmacist H regarding R1's medication orders. Pharmacist H indicated it is not standard of practice to dissolve a tablet into the solution of another medication. Pharmacist H stated there is a liquid form of Lorazepam available, and the order could have been optimized by writing it in the liquid formalization.On 2/24/26 at 12:58 PM, an interview was conducted with the Director of Nursing (DON) regarding the expectations with the administration of medications in the prescribed form. The DON stated according to the facility's standing orders, a medication can be crushed and dissolved into another medication unless contraindicated. This Surveyor asked for the facility's standing order policy.On 2/24/26 at 1:36 PM, the DON and Nursing Home Administration (NHA) stated the facility did not have a standing orders policy.

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 0685 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Assist a resident in gaining access to vision and hearing services. This citation pertains to Intake 2727226.Based on observation, interview, and record review, the facility failed to act upon a physician's order for one Resident (#2) out of three residents reviewed for quality of care. This deficient practice caused delayed medical treatment for Resident #2 resulting in the need for transfer to an emergency department (ED) due to septic shock (a life-threatening condition which occurs when blood pressure drops to a dangerously low level after an infection).Findings include:Resident #2 (R2)Review of a complaint sent to the State Agency (SA) on 1/29/26, read, in part: .Since June/July of 2025, [R2] has been experiencing an issue with her eye. Staff at the facility were unable to coordinate [R2's] care and this has caused a delay in her service provision. [R2] was not seen for her eye until 9/25/25 [sic] when she was transported via EMS [emergency medical services] to a optometrist. At that time, it was determined that [R2] required emergency services due [to] the infection in her eye progressing. The facility failed to properly service [R2], advocate for her, and meet her needs.Review of a document from a local ophthalmology clinic, dated 9/29/25, read, in part: Chief Complaint/Reason for Visit: [R2] brought into clinic by ambulance on a stretcher due to eye infection. Context/Onset: Months ago. Severity: Worsening. Care facility employees report hx [history of] red and irritated eye with purulent discharge for months worsening to boring pain [a deep, intense, and constant aching or gnawing sensation] and increase in redness in discharge in the last few weeks. [R2] presented to clinic without transfer of care of any care documents today. Upon clinical findings immediate concern for bacterial cellulitis and concern for sepsis given hx of MRSA (Methicillin Resistant Staphylococcus Aureus [antibiotic resistant strain of bacteria]) . recommend refer to [specialty hospital] ER [emergency room] for management and eval [evaluation] with inpatient ophthalmology. Spoke to.care facility manager who reported unable to determine when could be sent to [specialty hospital] for care, who recommend transfer to local ER to quicker facilitate transfer to [specialty clinic].Review of a Emergency Care/UC [Urgent Care] Document from a local ER, dated 9/29/25, read, in part: Presents per EMS, [R2] from [facility name] being tx [treated] for months for MRSA L [left] eye. She had appt [appointment] with [local ophthalmology clinic] and concern for sepsis so sent her. BP [blood pressure] in soft 70's [systolic pressure], pt [patient] pale, lethargic, skin cool to touch . Exam is concerning for endophthalmitis [purulent inflammation of the inner eye fluids] versus scleritis [inflammation of the eye's white outer layer] versus periorbital cellulitis [infection of the soft tissue in front of the eyelid] versus orbital cellulitis [infection of the skin, fat and muscles around the eye] . ocular exam is certainly limited due to patient's purulence, injection, chemosis [swelling or edema of the conjunctiva]. Patient was given sepsis bolus [a rapid infusion of intravenous fluids] as she was hypotensive on arrival, leukocytosis, she has 4/4 SIRS criteria [Systemic Inflammatory Response Syndrome, 4/4 suggests critical, often septic, illness] with hypotension, hypothermia. I discussed this with [physician name]. who felt that the patient would require higher level of care. Transfer center is arranging for transfer. Assessment/Plan: 1. Septic Shock, 2. Periorbital cellulitis, 3. Dacrocystitis [an infection of the tear drainage sac].Review of an Inpatient Discharge Summary from a Specialty Hospital, dated 10/2/25, read, in part: [R2].admitted .for preseptal (periorbital) cellulitis of left eye. active problems: keratitis (inflammation or infection of the cornea often causing severe pain, redness, blurred vision, and light sensitivity) of left eye due to bacteria. Sepsis - Present on Admission? Yes.Review of R2's Electronic Medical Record (EMR) revealed initial admission to the facility on 1/4/23 with diagnoses including schizoaffective disorder, morbid obesity, and cerebral infarction (stroke). Review of Section C: Cognitive Patterns in R2's most recent Minimum Data Set (MDS) assessment, dated 1/21/26, revealed their cognitive skills for daily (continued on next page)

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F 0685 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	decision making as, moderately impaired-decision poor; cues/supervision required.Review of R2's EMR revealed the following:Physician Progress Note on 4/7/2025 at 15:12 [3:12 PM]: [R2] is noted to have irritation and redness to bilateral eyes consistent with conjunctivitis (commonly known as pink eye).NP/PA [Nurse Practitioner/Physician Assistant] Progress Note: 5/13/2025 at 10:57 AM .Patient is seen for chronic conjunctivitis, new orders given. before starting antibiotic please culture left eye drainage.Review of a physician order, dated 5/17/25, read, Obtain left eye drainage culture TODAY .Review of a bacteriology report, dated 5/22/25, read, Procedure: eye culture. final report: 3+ (a moderate to high amount, 3+ on a scale of 1-4) Methicillin-Resistant Staphylococcus aureus (MRSA).Review of R2's Electronic Medical Record (EMR) revealed initial admission to the facility on 1/4/23 with diagnoses including schizoaffective disorder, morbid obesity, and cerebral infarction (stroke). Review of Section C: Cognitive Patterns in R2's most recent Minimum Data Set (MDS) assessment, dated 1/21/26, revealed their cognitive skills for daily decision making as, moderately impaired-decision poor; cues/supervision required.Review of a Physician Progress Note dated 6/26/25 at 11:23 AM, read, in part: [R2] is seen for continued management of conjunctivitis, again recent treatment with no to minimal effect. Provider gives new orders.and ophthalmology [a branch of medicine that deals with the diagnosis, treatment, and surgery of eye diseases and disorders] referral.Further review of R2's EMR revealed no physician order for an ophthalmology referral.Review of the following progress notes outlined the progression of R2's left eye infection over the course of the next three months:Pertinent Charting - Infection/Signs Symptoms Note on 7/1/25 at 00:39 [12:39 AM]: .green mucus drainage observed on ocular sinister inner canthus [inner corner of left eye]. Dried flaky drainage cleaned up on the lateral side [outside] of both eyes.Pertinent Charting - Infection/Signs Symptoms Note on 7/5/25 at 23:33 [11:33 PM]: .left eye MRSA.still crusted over throughout the day despite cleansing and inserting eye drops.Pertinent Charting - Infection/Signs Symptoms Note on 7/18/25 at 14:47 [2:47 PM]: .Bil [bilateral] eyes are red with drainage noted.Pertinent Charting - Infection/Signs Symptoms Note on 7/30/25 at 14:35 [2:35 PM] .MRSA left eye, eye remains red with some drainage.Transcribed Physician Progress Note on 8/13/25 at 17:29 [5:29 PM]: .repeated scleral injection [redness, inflammation, or dilation of blood vessels in the white outer layer of the eye].Pertinent Charting - Infection/Signs Symptoms Note on 8/26/25 at 13:49 [1:49 PM]: Site of Infection: Left Eye. Reason on antibiotics new signs & symptoms: increased redness, tenderness, and purulent (containing pus) drainage.Pertinent Charting - Infection/Signs Symptoms Note on 8/31/25 at 20:23 [8:23 PM]: .Residents eye is closed shut upon initial encounter; Resident assisted with cleansing eye from debris and crust. Resident stated that it was painful. yellow thick drainage coming from eye.Pertinent Charting - Infection/Signs Symptoms Note on 9/2/26 at 1440 [2:40 PM]: Continues on eye drops for MRSA for yellow puss [sic] drainage coming out of left eye.Pertinent Charting - Infection/Signs Symptoms Note 9/3/25 at 02:37 [2:27 AM]: MRSA in left eye. Resident had thick yellow/brown drainage to eyelashes that was keeping eye closed shut on first assessment. some swelling to area.Pertinent Charting - Infection/Signs Symptoms Note on 9/14/25 at 15:50 [3:50 PM]: Left eye still has some yellowish, crusty discharge.Review of a physician's order, dated 9/15/25, read, Ophthalmology appt [appointment] ASAP [as soon as possible] r/t [related to] chronic eye infections.On 2/23/26 at 1:51 PM, an interview was conducted with Receptionist D at the local ophthalmology clinic. Receptionist D confirmed the first contact the eye clinic received from the facility regarding R2 was on 9/25/25. Receptionist D stated the office usually can schedule patients with acute concerns like eye pain within three days.On 2/23/26 at 4:01 PM, R2 was observed sitting in a wheelchair near the front entrance of the facility. R2's left eye appeared swollen, blocking approximately half of her vision.On 2/24/26 at 12:58 PM, an interview was (continued on next page)

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F 0685 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	conducted with the Director of Nursing regarding the reason for two separate ophthalmology referrals, one on 6/26/25 and one of 9/15/25. The DON indicated she was unsure as this was before the time she accepted the position as Director of Nursing.On 2/24/26 at 11:42 AM, a telephone interview was conducted with Former Scheduler/Former Staff J regarding the scheduling process. Former Staff J indicated he attempted to schedule all appointments and referrals within a week of receiving them. When asked about the lapse in R2's June ophthalmology referral, Former Staff J stated he was likely not informed of the referral as there was an ongoing issue regarding missed orders around that time.On 2/24/26 at 3:10 PM, an interview was conducted with Unit Manager/RN [Registered Nurse] C regarding the facility process after receiving a physician referral. RN C stated after a referral is received from a provider, whether verbal, written, or in a progress note, it is transcribed in the EMR as an order so the transport driver can then schedule the appointment. When asked the reason for two separate ophthalmology referrals for R2, RN C could not find the 6/26/25 order in the EMR. RN C stated she was unsure where in the process it broke down, but somehow, it [the 6/26/25 referral] was missed and an ophthalmology appointment was not attempted to be scheduled until September.On 2/24/26 at 10:03 AM, R2 was observed lying in bed. Her left eye appeared swollen, and approximately one third of her eye could be visualized due to the inflammation. R2 was unable to recall the events leading up to her hospitalization but stated the vision in her left eye was still, a little blurry.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. This citation pertains to Intake 2741948.Based on interview and record review, the facility failed to ensure prescribed medications were readily available for one Resident (#1) of three residents reviewed for pharmacy services.Findings include:Resident #1 (R1)Review of R1's Electronic Medical Record (EMR) revealed initial admission to the facility on 9/19/25 at 1:47 PM with diagnoses including malignant neoplasm of the lung (cancer), fracture of T7-78 vertebra, post-laminectomy syndrome (chronic back, neck, or limb pain which remains after spinal surgery), chronic obstructive pulmonary disease (COPD), and retention of urine.On 2/23/26 at 2:49 PM, a telephone interview was conducted with Complainant A regarding R1's care at the facility. Complainant A stated R1 went a waited a significant amount of time for physician orders and missed the first dose of several medications as a result.Review of R1's EMR revealed the following physician's orders with a start date of 9/19/25: Morphine Sulfate ER [extended release] Tablet ER 30 MG [milligram]. Give 2 tablets by mouth every 12 hours for pain related to malignant neoplasm of.lung. Flomax Capsule 0.4 MG. Give 1 capsule by mouth at bedtime for benign prostatic hyperplasia related to retention of urine. Prochlorperazine Maleate Table 10 MG. Give 1 tablet by mouth every 8 hours for Nausea; vomiting related to malignant neoplasm of.lung.Budesonide-Formoterol Fumarate Inhalation Aerosol 160-4.5 MCG/ACT [micrograms per actuation]. 2 puff inhale orally every 12 hours for airway patency related to chronic obstructive pulmonary disease.Review of R1's Medication Administration Record (MAR) revealed the following missing doses of medications with the reason listed as, on order:Morphine Sulfate ER Tablet ER 30 MG: 9/19/25 evening dose.Flomax Capsule 0.4 MG: 9/19/25 dose.Prochlorperazine Maleate Table 10 MG: 9/19/25 evening dose and 9/20/25 morning dose.Budesonide-Formoterol Fumarate Inhalation Aerosol 160-4.5 MCG/ACT: 9/19/25 evening dose.On 2/24/26 at 12:58 PM, an interview was conducted with the Director of Nursing (DON) regarding pharmacy orders for new admissions. The DON stated that depending on the medication, it's not uncommon to have a delay in the prescription arriving at the facility resulting in a missed dose for a resident. The DON explained that the facility kept a limited number of medications in their back-up supply and controlled substances can be delayed if there's an issue getting the physician's order to the pharmacy. When asked if the facility reviews the resident's medications prior to their arrival, the DON stated, We don't always have their discharge orders until they get here.Review of the facility policy titled, Orders - Admission, reviewed 1/30/24, read, in part: .A physician, physician assistant, nurse practitioner or clinical nurse specialist must provide orders for the residents' immediate care and needs.The written orders should include at a minimum: .Medication orders if indicated.Review of the facility policy titled, Provider Pharmacy Requirements, revised 8/2020, read, in part: .The provider pharmacy agrees to perform all of, but not only, the following pharmaceutical services: .Providing routine and timely pharmacy service as contracted, as well as emergency pharmacy service 24 hours per day, seven days per week.