| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235356 | A. Building<br>B. Wing | 03/20/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Medilodge at the Shore | 900 S Beacon Blvd<br>Grand Haven, MI 49417 |

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 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure services provided by the nursing facility meet professional standards of quality.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37577<br><br>This citation is related to intake # MI00151188<br><br>Based on interview and record review, the facility failed to follow professional standards for medication administration for one of three residents (Resident #4) reviewed for medication errors.<br><br>Findings:<br><br>Resident #4 (R4)<br><br>Review of an Admission Record revealed R4 was a [AGE] year old male, admitted to the facility on [DATE], with pertinent diagnoses of recent brain bleed requiring an extensive hospital stay and resulting in left sided weakness and paralysis, chronic kidney disease-stage 4, morbid obesity, Insulin dependent diabetes mellitus, and need for a feed tube for nutrition.<br><br>Review of an Electronic Medication Administration Record (Emar) for R4, dated January 2025 revealed an order for Clonidine transdermal patch 0.1 mg (milligrams)/24 hours to be given weekly. Documentation reflects that R4 had a patch placed on 01/20/25 and on 01/29/25. There was documentation present in the electronic health record (EHR) that indicated the Clonidine patch was not available on 01/27/25 and was not placed until 01/29/25. Further review of R4's EHR revealed that the facility had initiated a new order for the Clonidine transdermal patch on 01/20/25. R4 had not previously been prescribed this medication and no new monitoring was ordered to evaluate whether R4 had any side effects to the new medication.<br><br>Review of a physician Progress Note for R4, dated 02/10/25, reflected .(R4) lying in bed sleeping upon entering the room, labored breathing, using accessory muscles to breath, unresponsive, unable to awaken with rubbing and calling his name .will send to ER for evaluation.<br><br>Review of an emergency room Patient Record for R4, dated 02/10/25, revealed .patient came in from (a nursing home), he was found by staff with a decreased level of consciousness. When (R4) arrived to the ER (emergency room ), RN (registered nurse) found 2 unidentified patches on each of (R4's) upper arms, one dated 1/20/25 and one dated 1/29/25. When the RN called (the nursing home), staff at (the nursing home) stated that they were old Clonidine patches that were supposed to be removed and admitted ly were not removed .this is quite concerning. Clonidine does have opiate like effects in higher doses. I did try Narcan with no change in his mental status .(R4) is extremely drowsy .difficult to arouse and is not responding .(R4) is having periods of apnea (not breathing).<br><br>(continued on next page) |



| 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: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235356 | A. Building<br>B. Wing | 03/20/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Medilodge at the Shore | 900 S Beacon Blvd<br>Grand Haven, MI 49417 |

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 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Review of the Fundamentals of Nursing revealed, The National Coordinating Council for Medication Error Reporting and Prevention (2018) defines a medication error as any preventable event that may cause inappropriate medication use or jeopardize patient safety. Medication errors include inaccurate prescribing, administering the wrong medication, giving the medication using the wrong route or time interval, administering extra doses, and/ or failing to administer a medication. Preventing medication errors is essential. [NAME], [NAME] A.; [NAME], [NAME] Griffin; Stockert, [NAME] A.; Hall, [NAME]. Fundamentals of Nursing - E-Book (p. 605). Elsevier Health Sciences. Kindle Edition. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 235356 | A. Building<br>B. Wing | 03/20/2025 |

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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 0693<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37577<br><br>This citation pertains to intake # MI00151188<br><br>Based on observation, interview, and record review, the facility failed to follow the standards of practice for two of two residents reviewed (Resident #7 and Resident #8) for tube feeding.<br><br>Findings:<br><br>Resident #7 (R7)<br><br>Review of an Admission Record revealed R7 was a [AGE] year old male, admitted to the facility on [DATE], with pertinent diagnoses of paraplegia, difficulty speaking, and protein-calorie malnutrition.<br><br>During an observation on 03/19/25 at 3:10 PM, an irrigation container and syringe for R7's tube feed flushes sat on the bedside table. The plunger was inside the syringe and the syringe sat in the graduated container that contained a clear liquid. The date on the graduated container read 3/18/25.<br><br>During an observation on 03/20/25 at 7:30 AM, R7's tube feed pump ran at 65 ml (milliliters) per hour. The bottle of Jevity 1.5 cal tube feed did not have the time the tube feed was initiated on 03/19/25.<br><br>Review of an Electronic Medication Administration Record (Emar) for R7, dated March 2025, reflected the order .enteral feed order, every night shift change feeding syringe and/or container, daily (label with resident name and date).<br><br>Resident #8 (R8)<br><br>Review of an Admission Record revealed R8 was a [AGE] year-old female, last admitted to the facility on [DATE], with a pertinent diagnoses of spastic quadriplegic cerebral palsy. R8 is dependent on a tube feed for all nutrition and hydration.<br><br>During an observation on 03/20/25 at 7:20 AM, R8 laid in bed resting with her eyes closed and the tube feed pump ran. The bottle of tube feed solution did not have the ordered rate written on it nor did it have the date the tube feed was initiated. On the bedside table sat a cylinder with clear liquid in it and the syringe and plunger were not separated and sat in the cylinder in the clear liquid.<br><br>During an interview on 03/20/25 at 8:08 AM, the Director of Nursing (DON) indicated that the tube feed solution bottles should contain the date and time the feed was initiated as well as the ordered rate and that the syringe and plunger should be separated, rinsed, and allowed to dry between uses. The DON reported that the facility did not have a policy to address these standards of practice discussed. |