STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235358	A. Building B. Wing	04/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Ludington	1000 E Tinkham Ave Ludington, MI 49431

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 - 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** 37573 This citation pertains to intakes M100151387 and M100151421. Based on observation, interview and record review, the facility failed to prevent hospitalization , monitor, assess, intervene, document, and provide appropriate care of nephrostomy tubes for 2 (R1 and R2) of two residents reviewed for nephrostomy care, resulting in hospitalization and infection. Findings include: Resident #1 (R1) Review of a Face Sheet revealed R1 originally admitted to the facility on [DATE] and readmitted to the facility after a hospitalization on [DATE]. Pertinent diagnoses include hydronephrosis (urine build up on kidney) with renal and ureteral calculous (kidney stones) obstruction (1/14/23), infection and inflammatory reaction due to nephrostomy catheter (3/31/25), acute pyelonephritis (kidney infection) (3/31/25), urinary tract infection (3/31/25), and Escherichia coli (E. coli, a bacterium that causes infection, 3/31/25). Review of the Minimum Data Set (MDS) dated [DATE] for R1 revealed she is cognitively intact had an assessment for mood/depression score of 00. No behaviors documented and required substantial/maximum assistance with lower body dressing and toileting. In an interview on 4/15/25 at 1:30 PM, the Registered Nurse (RN) A reported R1 had been in the hospital several times in the last few months to have her nephrostomy tube (catheter) replaced and expressed concern the facility is not competently providing nephrostomy care. On 3/20/25, R1 went to the hospital and the 3-way stopcock on the nephrostomy tube was in the off position and not draining. The exit site was red and had some drainage as well. Once the stopcock was opened, they were able to drain about a half liter of puss like drainage that later tested positive for E. coli bacterial infection. R1 was then transferred to another hospital for an inpatient stay for antibiotic therapy and monitoring. RN A reported R1 had a nephrostomy tube placed on 10/27/24 and exchanged on 11/20/24, exchanged again on 12/4/24, new replacement on 1/11/25 because it may have been pulled out, on 1/16/25 it was checked, changed and repositioned, on 2/5/24 it was dislodged, and 2 sutures were put in place. On 2/25/25 the facility called them about a suture not being intact with redness at the exit site and she had low urine output and was to go to Big Rapids and not sure if R1 went. On 3/11/25 the nurse at the facility called with concerns about the nephrostomy tube for R1 and then R1 was sent to the hospital on 3/20/25. The resident could not speak. (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
	235358	A. Building B. Wing	04/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Ludington	1000 E Tinkham Ave Ludington, MI 49431

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 - Actual harm Residents Affected - Few	Review of the Hospital Medical Records for R1 revealed: History of Present Illness: . chronic severe right hydronephrosis who had an IR (Interventional) appointment today to look at her nephrostomy tube which was found to not be draining, they replaced it and had 548 mL (milliliters) of purulent urine. Apparently, there was some concern about a possible fistula between the renal pelvis and duodenum and was sent to the emergency department for limited CT scan. Interventional Radiology documented: Findings: The stitches holding the nephrostomy catheter are noted to be intact. The stopcock was in the off position and purulent drainage was noted around the catheter. Aspiration yielded 540 cc (cubic centimeters) of green, purulent fluid. A sample was sent for culture. Impression: The nephrostomy tube was noted to be in the off position with purulent material draining from around the catheter. A large volume of purulent fluid was evacuated from the kidney. Contrast injection revealed a possible fistula between the renal pelvis and duodenum. Pictures provided revealed R1 had redness and drainage at the exit site upon arrival to the hospital. R1 had a low blood pressure of 98/43 and afebrile. (Not documented in the facility medical records.) Review of Hospital medical records for R1's hospital stay from 3/20/25 to 3/31/25 revealed: In regards to her pyelonephritis, she has a heavily infected kidney with frank purulence. She was identified to have ESBL (Extended-spectrum beta-lactamase (ESBL)-producing Enterobacterales are resistant to common antibiotics and may require complex treatments) producing E coli. She was seen in consultation with the infectious disease team and was started on meropenem as well as micafungin. The interventional radiology team, recommended flushing the tube, to help with drainage. Given the extent of infection as well as the concern for renal duodenal fistula, Urology was consulted, ultimately it was decided from Urology standpoint the patient was not felt to be a surgical candidate. Infectious Disease recommended changing from meropenem (broad spectrum antibiotic) and micafungin (antifungal) to ertapenem (antibiotic for severe infections). They recommended therapy through 3/31. There was discussion about PICC (peripherally inserted central catheter) line and outpatient IV (intravenous) ertapenem, but given limited access with HD (hemodialysis), she was kept inpatient to complete her abx (antibiotics) therapy. This was done without complication. No further concerns about fistula. Patient clinically improved with abx. Review of the Electronic Medical Records (EMR) for R1 revealed no ongoing assessing, monitoring, or output of nephrology tubing and exit site care. Review of the January Medication/Treatment Administration Record (MAR/TAR) for R1 revealed an order for a nephrostomy dressing change dated 11/20/24 to 2/6/25 25 Change Nephrostomy drain dressing daily, clean site with soap and water, apply a small amount of triple antibiotic, Cover with gauze. May shower-do not bath or submerge tube underwater. Change tube attachment or tape as needed to keep from pulling on tube. in the evening for Nephrostomy care. Care was documented/not documented as done on 1/7 (sleeping), 1/10 (no data entry), 1/11 (hospital), 1/13 (no data entry), 1/16 (other see nurses notes), 1/23 (other, see nurses notes), 1/24 (sleeping). Review of the Nursing Progress notes revealed no documentation to reflect 1/13, on 1/16 the nurse documented R1 was sleeping at this time and no follow up, and 1/23 no follow up documentation. Review of the Nursing Progress notes dated 1/10/25 for R1 revealed the resident went to dialysis and pulled out her nephrostomy tubing. On 1/11/25 R1 had it replaced. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235358	A. Building B. Wing	04/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Ludington	1000 E Tinkham Ave Ludington, MI 49431

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 - Actual harm Residents Affected - Few	Review of the February Medication/Treatment Administration Record (MAR/TAR) for R1 revealed an order dated 11/20/24 to 2/6/25 Change Nephrostomy drain dressing daily, clean site with soap and water, apply a small amount of triple antibiotic, Cover with gauze. May shower-do not bath or submerge tube underwater. Change tube attachment or tape as needed to keep from pulling on tube. in the evening for Nephrostomy care. Care was documented/not documented as done on 2/7, 2/10, 2/11, 2/13, 2/16, 2/23, and 3/7. -An order for R1 dated 11/20/25 and discontinued on 2/6/25 to Empty and record nephrostomy drain and record output every shift. No documentation indicating the nephrostomy output was being monitored. No follow up documentation in the EMR to show any concerns of drainage or redness at the exit site before hospitalization on [DATE]. Review of the March MAR/TAR for R1 revealed a continued order from February for dressing changes every other day and was discontinued on 3/11/25. A new order started on 3/12/25 to: Change the right Nephrostomy dressing, Do not pull on the tube. Do not use scissors for the dressing because you could cut the tube or the stitch. Wash the area with mild soap and water, rinse, and pat dry with a clean Washcloth. Look at the site after your dressing is removed. Check for redness around the tube exit site. Check for any discolored or odor. Inspect the suture to verify that it is still anchored in the skin. Place gauze around the tube where it exits the body and cover Tegaderm (sic) in the evening every other day. On 3/10 (sleeping, no follow up documentation or reapproached). After the dressing change on 3/8/25, the next dressing change was 3/12/25. -No orders to document or monitor the output from the nephrostomy tubing. Review of the April MAR/TAR for R1 revealed she had an order for a nephrostomy dressing change every other day and received a dressing change on 4/1/25 after readmission from the hospital. On 4/3 (refused), no documentation as to why and if reapproached, 4/5 (see nursing notes) and no nursing progress notes documented, 4/7 (sleeping) and no progress notes reflecting the resident was reapproached. R1 did not receive any dressing changes after 4/1/24 until 4/9/25. On 4/11 no dressing change was done, and the nursing progress notes reflected the nephrostomy tubing was out about 5 centimeters on 4/9/25 and 10 cm by 4/10/25 and documented as dislodged by the end of the day. No root cause documented, no anchoring or securing devices was documented as used and no frequent supervision of cares. -An order 4/1/25 to Record output to nephrostomy. Notify MD (physician) any abnormal urine output and change in Urine (cloudy, foul-smell, or bloody) every shift. Between 4/1 and 4/17 there were 30 shifts of 0 output and on 4/14 it is documented as n/a, See Nurses Notes. There were no nursing notes for 4/14/25. Review of a Nursing Progress note dated 4/9/25 for R1 revealed: nephrostoy (sic) tube appears to be pulled out approx. 5 cm (centimeters) as stitch is approx. that far out. Drng (dressing) (sic) is the bag, approx. 5 ml. Nephrologist paged via number on (R1's chart at this time. (R1) has no c/o (complaints of) pain, no bleeding, drng (sic) or redness at nephrostomy site. Review of a Nursing Progress note for R1 dated 4/9/25 revealed the on-call facility provider was notified her nephrostomy tube concerns and requested to watch closely and if the tube dislodges or has any drainage to call them immediately. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235358	A. Building B. Wing	04/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Ludington	1000 E Tinkham Ave Ludington, MI 49431

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 - Actual harm Residents Affected - Few	Review of a Nursing Progress note dated 4/10/25 for R1 revealed advanced radiology was notified her nephrostomy tubing is out about 10 cm now and the sutures are no longer intact with no c/o (complaints of) pain or discomfort and very little output. Radiology to get an appointment as soon as possible. No more nursing progress notes addressing concern or if the resident was sent out to have her nephrostomy tube replaced. No follow up assessments. Review of a Skilled Daily-Medically Complex document dated 4/10/25 for R1 revealed: nephrostomy output appears clear to turbid light. without obvious red. resident denies pain. site without redness or site drainage. (sic) Review of a Medicare Coverage Evaluation for R1 dated 4/16/25 revealed: Dressing change ordered to nephrostomy site. Monitor amount of drainage. Nephrostomy tube became dislodged on 4/10/25, sent out to have it replaced in GR (Grand Rapids hospital). During an observation and an interview on 4/16/25 at 1:30 PM, RN C went to R1's room and reported her nephrostomy bag was draining because the pigtail of the stopcock was pointing towards the injection/flushing port even though we just saw another resident who had her nephrostomy stopcock pigtail pointing towards the drain bag tubing. RN C reported R1's dressing (which was an undated 22 gauze with tape and the tubing was not secured) and RN C reported her stitches securing the tubing was fine. The resident was lying in bed, and her pants were partially over the nephrostomy, but under the exit site potentially tugging on the tubing. In an interview on 4/16/25 at approximately 1:40 PM, RN B reported she has not heard of any concerns with R1 having her nephrology tubing displaced or replaced recently. RN B reported she did not know who last changed the nephrostomy dressing and acknowledged there was no date on it. RN B reiterated an earlier conversation of staff not getting treatments done as ordered and at times they are documenting they are done even if they did not complete them. RN B reported management is aware of concerns. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235358	A. Building B. Wing	04/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Ludington	1000 E Tinkham Ave Ludington, MI 49431

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 - Actual harm Residents Affected - Few	In an interview on 4/16/25 at 3:33 PM, Unit Manager/Licensed Practical Nurse (UM/LPN) H reported R1 has pulled out her nephrostomy catheter several times because she has OCD (obsessive compulsive disorder, not listed as a diagnosis for R1 on her Face Sheet). UM H continued alleging R1 is non-compliant. UM H reported R1 had her nephrostomy tubing dislodged on 4/10 and went to [name of another city where second hospital was located] on 4/11 to have her tubing replaced. When asked if anchoring her tubing would help, UM H reported there is no order for one and did not think it would help. When queried about the hospitalization in March, UM H reported she did not know why R1 went into the hospital and started looking into the computer. UM H reported she is the Unit Manager but gets pulled to the floor to work often implying that is why she did not know what is going on with R1 and reiterated she has had her catheter dislodged several times but didn't know all the details. When asked about the lack of charting of care, assessments, and transfers outside the facility for R1 in the EMR, UM H reported she herself would put in a progress note and verified there was no transfer form in the computer when R1 went to the hospital on 3/20/25 and 4/11/25. UM H reported residents do not get a transfer form for outside appointments, but the MAR and the Face Sheet will get with the resident and the last set of vital signs. When asked about the standards of care for nephrostomy's, UM H reported the doctors do not usually order output monitoring unless the nurses ask for them and elaborated that after this last hospitalization , she did add the output monitoring to the nurses charting. UM H was questioned about the 0 output documented in the MAR and said they did not have parameters to notify the physician but expected nurses to know when to notify the physician for anything abnormal. When asked about the nurses being educated on nephrostomy care, UM H reported they get educated but thinks they may need more. When questioned about the stopcocks on the nephrostomy bags for R1 and R2, UM H reported that if there are instructions, they will put those instructions in the order as what needs to be done or will put them in an education binder for the nurses. During an observation and an interview on 4/16/25 at 3:35 PM, the Unit Manager/Licensed Practical Nurse (LPN) H was asked about the nephrology tubing for R1 and reported the pig tail of the stop cock was pointing toward the flushing/irrigation port. At this time, UM H did not know if the stopcock was opened or closed to draining. Resident #2 (R2) Review of a Face Sheet revealed R2 originally admitted to the facility on [DATE] and readmitted after a hospitalization on [DATE] and has pertinent diagnoses of Urinary tract infection, bacteremia (blood infection), methicillin resistant staphylococcus aureus infection, multiple sclerosis, hydronephrosis. During an observation and an interview on 4/16/25 at 11:35 AM, R2 was in bed and her nephrostomy tube was on her right side and R2 reported that hardly anything comes out. RN B reported the stopcock on the nephrostomy tube was draining and can tell the tubing is stable. The pigtail of the stop cock was facing the tubing of the drain bag. During an observation and an interview on 4/16/25 at 1:30 PM, RN C went to R2's room and reported the nephrostomy bag was draining because the pigtail of the stopcock was pointing toward the tubing of the drain bag which means it is on. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235358	A. Building B. Wing	04/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Ludington	1000 E Tinkham Ave Ludington, MI 49431

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 - Actual harm Residents Affected - Few	During an observation and an interview on 4/16/25 at 3:25 PM, the Unit Manager/Licensed Practical Nurse (LPN) H was asked about the nephrostomy tubing for R2 and asked this surveyor if the attending nurse was questioned. When UM H was asked to look at R2's nephrostomy tubing, UM H looked at the stopcock and verified the pigtail of the stopcock was pointing toward the drain bag and said she would have to get her bifocals to read if it says it is in the off position because she was not sure at this time. When asked what a typical assessment would include, UM H reported the drainage and any color, pain, discomfort, sediment, and would look at the exit site. When asked what an abnormal reporting for this resident would be and what the expectations of staff would be, she reported she would document her findings, look at the history. UM H did report there was some scant sediment in the drain bag and small amount of blood fluid in the tubing, but no measurable amount of body fluid at this time. Review of the April MAR/TAR for R2 revealed an order to Empty nephrostomy bag and enter amount every shift dated 4/7/25 revealed until 4/17/25 there are 22 shifts of 0 output from the nephrostomy bag and one shift with no documentation. The highest output was 40 ml (milliliters) on 4/7/25 when the monitoring began post hospitalization . On the 4/17/25 night shift, after questioning the nephrostomy care, 575 ml of fluid output was documented. In an interview on 4/16/25 at 5:00 PM, UM H reported that stopcock for R1 which had the pig tail pointing towards the irrigation port was not in the right position and will educate her staff on the correct position which is towards the drain bag like it was for R2. Review of the Care Plan for R2 revealed no nephrostomy care plan or interventions. In an interview on 4/17/25 at 1:21 PM, the Director of Nursing (DON) reported they educated the nurses yesterday and all the nurses today before they start their shift on nephrostomy care and reported the nurses could demonstrate the appropriate positioning of a nephrostomy stopcock. The DON reported R1 has a history of pulling out her nephrostomy tubing and is always fidgeting with it. R1 and R2 are dialysis patients, and it is hard to know how much urine output they will have. The DON reported R1 is OCD with her tubes and other devices she has and just cannot leave them alone. The UM H made sure her dressing was secured with a Tegaderm, and the tubing was anchored well yesterday. The DON verified the dressing is to be secured with a Tegaderm and acknowledged it was not. The DON reported she thought there was an order to anchor the nephrostomy tubing in place but could not find it. When asked if dressings should be dated, the DON reported it is preferred. When asked if there were concerns that staff reported dressing changes were not being done but were charting, they were? The DON reported it had been a while but did not have anything solid to prove the nurses were doing this. When asked what was included in the nephrostomy care education the day before, the DON was to provide the information and reported the staff know which position the stopcock should be in to drain the nephrostomy. During an observation on 4/17/25 at 1:45 PM, Licensed Practical Nurse (LPN) I and surveyor went to R2's room and verified the stopcock was pointing towards the drain bag which meant that it is draining. Afterward, LPN I verified the stopcock was pointed toward the drain bag and said it was draining, but not confidently, with a little blood-tinged urine noticed in the bag. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235358	A. Building B. Wing	04/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Ludington	1000 E Tinkham Ave Ludington, MI 49431

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 - Actual harm Residents Affected - Few	In an interview on 4/17/25 at 2:00 PM, the RN A reported the pigtail of the stopcock is the off position. Wherever that pigtail is pointing, that means it is blocking the flow to that area. It should always be pointing toward the irrigation port so the nephrostomy tubing can drain to the bag. RN A then reported if it is pointing toward the drain bag, it is not draining. In an interview on 2/17/25 at 2:19 PM, the DON reported she went to R2's room and saw the pigtail of the stopcock was pointed towards the drain bag and R1's pigtail was pointed towards the port. The DON reported UM H misunderstood what position the stopcock needed to be in and is going around re-educating staff right now. In an interview on 2/17/25 at 2:30 PM, the facility Staff Educator/RN U reported the staff were educated yesterday on the correct positioning of the stopcock for R1 and R2 and the pigtail should be pointing towards the flushing port. RN U reported she knew this yesterday and educated the staff by showing them a picture. RN U reported she went to R1's room yesterday and the stopcock was in the correct position, but today it was pointing towards the drain bag indicating it is not open. RN U reported she educated the staff and the Unit Manager by reviewing the policy and talking about it. The Unit Manager misunderstood and those she educated, were informed wrong. Today, the started to re-educate staff again with pictures of the stopcock and that the pigtail should always be pointed toward the flushing port for draining into the bag. Review of a policy titled Nephrostomy and Cystostomy Tube Care and Maintenance last revised on 1/1/22 revealed: Residents with nephrostomy or cystostomy tubes will receive care consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences. Policy Explanation and Compliance Guidelines: 1.As part of the comprehensive assessment and care planning process, the type of tube will be clearly documented in the resident's medical record. When the type of tube is not clear, the nurse will call the surgeon, other physicians, family members, or other individuals, as needed, to make the determination. 2.The care and maintenance of nephrostomy/cystostomy tubes shall be in accordance with physician orders. The orders shall specify the type and frequency of dressing changes and emptying of collection bags along with any special instructions. 3.Nephrostomy/cystostomy tubes shall be managed by licensed nurses. Nurse aides may handle the collection bags in accordance with facility procedures for handling urinary drainage bags. 4.The resident's goals and preferences for care and treatment of the tube(s) will be used to formulate a plan of care (i.e. self-care, dependent care, family caregiver). Interventions may include but are not limited to: a. Frequency of dressing changes and emptying of collection bags. b. Self/family care instructions, where applicable. c. Monitoring for and responding to any signs of resident's discomfort associated with the tube(s). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235358	A. Building B. Wing	04/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Ludington	1000 E Tinkham Ave Ludington, MI 49431

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 - Actual harm Residents Affected - Few	d. Interventions to prevent complications or promote dignity associated with the tube(s). I. Fluid preferences, and need for increased fluid intake. ii. Monitoring for symptoms of blockage (reduced or absent urinary output), urinary tract infection (fever, chills, back pain, new onset delirium, foul smelling or cloudy urine), or dislodgement (tube falls out, leaking urine around tube, increase in tube length). iii. Monitoring for skin breakdown or signs of infection (redness, warmth, swelling, abnormal exudate) around the insertion site(s). iv. Physical management of tubing and collection bags to prevent infection or dislodgement. 6. Considerations for care: a. Check tube(s) frequently for kinks or obstructions. These are likely to occur if the resident lies on the insertion site. b. Keep the drainage bag below the level of the kidney at all times. Keep bags covered for dignity. c. Monitor output for changes in amount, color, clarity, or odor. d. Monitor for signs of urinary tract infection or infection of insertion site. e. Monitor resident for discomfort associated with the tube(s) or procedures. f. Record output from each tube. Specify location of output. g. Document abnormalities and report to physician immediately. According to Corona, L., [NAME], K., Lucas-[NAME], C., United Ostomy Associations of America, Inc. (UOAA), [NAME], Z. L., [NAME], S. C., [NAME], H. C., Advent Health Medical Group Urology, Kaiser Santa [NAME], & Double Nephrostomate. (n.d.). NEPHROSTOMY. https://www.ostomy.org/wp-content/uploads/2024/01/UOAA_Nephrostomy_Facts_Booklet_2024-01a.pdf, If your nephrostomy tube has a 3-way stopcock valve (the longest port is labeled off) (p. 9) . Tube blockage/obstruction: Signs and symptoms o Drainage has decreased or stopped, greater than 2 hours o Leakage of urine around insertion site If you think your tube is blocked or obstructed o Check to make sure the tube is not kinked - use a mirror to assess your back o Check to make sure the valve is open so urine can flow into the bag o Check to make sure the collection bag is not damaged. If it is, change it. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235358	A. Building B. Wing	04/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Ludington	1000 E Tinkham Ave Ludington, MI 49431

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 - Actual harm Residents Affected - Few	o Attempt to flush the tube with no more than 10 cc of sterile water or sterile normal saline. Do not withdraw fluid after irrigation. If fluid does not go in easily you can try to gently pull back on the syringe to dislodge any obstructing particles. Reattempt flushing using gentle pressure. If you have any pain while attempting this intervention, stop. (See tube flushing) If none of these interventions produce normal urine flow, contact your physician or interventional radiologist.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235358	A. Building B. Wing	04/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Ludington	1000 E Tinkham Ave Ludington, MI 49431

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37573 This citation pertains to intakes M100151387 and M100151421. Based on observation, interview and record review, the facility failed to ensure staff were competent to manage care for two (R1 and R2) of two residents reviewed for nephrostomy care, resulting in hospitalization and repeated incompetent care. Findings include: Review of the State Operations Manual (SOM) 483.35(a)(3) reflected, The facility must ensure that licensed nurses have specific competencies and skill set necessary to care for residents' needs, as identified through . assessments and .in the plan of care. Resident #1 (R1) Review of a Face Sheet revealed R1 originally admitted to the facility on [DATE] and readmitted to the facility after a hospitalization on [DATE]. Pertinent diagnoses include hydronephrosis (urine build up on kidney) with renal and ureteral calculous (kidney stones) obstruction (1/14/23), infection and inflammatory reaction due to nephrostomy catheter (3/31/25), acute pyelonephritis (kidney infection) (3/31/25), urinary tract infection (3/31/25), and Escherichia coli (E. coli, a bacterium that causes infection, 3/31/25). In an interview on 4/15/25 at 1:30 PM, the Registered Nurse (RN) A reported R1 had been in the hospital several times in the last few months to have her nephrostomy tube (catheter) replaced and expressed concern the facility is not competently providing nephrostomy care. On 3/20/25, R1 went to the hospital and the 3-way stopcock on the nephrostomy tube was in the off position and not draining. The exit site was red and had some drainage as well. Once the stopcock was opened, they were able to drain about a 1/2 liter of puss like drainage that later tested positive for E. coli bacterial infection. R1 was then transferred to another hospital for an inpatient stay for antibiotic therapy and monitoring. RN A reported R1 a nephrostomy tube placed on 10/27/24 and exchanged on 11/20/24, exchanged again on 12/4/24, new replacement on 1/11/25 because it may have been pulled out, on 1/16/25 it was checked, changed and repositioned, on 2/5/24 it was dislodged, and 2 sutures were put in place. On 2/25/25 the facility called them about a suture not being intact with redness at the exit site and she had low urine output and was to go to Big Rapids and not sure if R1 went. On 3/11/25 the nurse at the facility called with concerns about the nephrostomy tube for R1 and then was sent to the hospital on 3/20/25. Review of the Hospital Medical Records for R1 revealed: History of Present Illness: . chronic severe right hydronephrosis who had an IR (Interventional) appointment today to look at her nephrostomy tube which was found to not be draining, they replaced it and had 548 mL (milliliters) of purulent urine. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235358	A. Building B. Wing	04/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Ludington	1000 E Tinkham Ave Ludington, MI 49431

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interventional Radiology documented: Findings: The stitches holding the nephrostomy catheter are noted to be intact. The stopcock was in the off position and purulent drainage was noted around the catheter. Aspiration yielded 540 cc (cubic centimeters) of green, purulent fluid. A sample was sent for culture. Impression: The nephrostomy tube was noted to be in the off position with purulent material draining from around the catheter. A large volume of purulent fluid was evacuated from the kidney. During an observation and an interview on 4/16/25 at 1:30 PM, RN C went to R1's room and reported her nephrostomy bag was draining because the pigtail of the stopcock was pointing towards the injection/flushing port even though we just saw another resident who had her nephrostomy stopcock pigtail pointing towards the drain bag tubing. RN C reported R1's dressing (which was an undated 22 gauze with tape and the tubing was not secured) and RN C reported her stitches securing the tubing was fine. The resident was lying in bed, and her pants were partially over the nephrostomy, but under the exit site potentially tugging on the tubing. In an interview on 4/16/25 at 3:33 PM, Unit Manager/Licensed Practical Nurse (UM/LPN) H reported R1 has pulled out her nephrostomy catheter several times because she has OCD (obsessive compulsive disorder, not listed as a diagnosis for R1 on her Face Sheet). UM H continued alleging R1 is non-compliant. UM H reported R1 had her nephrostomy tubing dislodged on 4/10 and went to [name of another city where second hospital was located] on 4/11 to have her tubing replaced. When asked if anchoring her tubing would help, UM H reported there is no order for one and did not think it would help. When queried about the hospitalization in March, UM H reported she did not know why R1 went into the hospital and started looking into the computer. UM H reported she is the Unit Manager but gets pulled to the floor to work often implying that is why she did not know what is going on with R1 and reiterated she has had her catheter dislodged several times but didn't know all the details. When asked about the lack of charting of care, assessments, and transfers outside the facility for R1 in the EMR, UM H reported she herself would put in a progress note and verified there was no transfer form in the computer when R1 went to the hospital on 3/20/25 and 4/11/25. UM H reported residents do not get a transfer form for outside appointments, but the MAR and the Face Sheet will get with the resident and the last set of vital signs. When asked about the standards of care for nephrostomy's, UM H reported the doctors do not usually order output monitoring unless the nurses ask for them and elaborated that after this last hospitalization , she did add the output monitoring to the nurses charting. UM H was questioned about the 0 output documented in the MAR and said they did not have parameters to notify the physician but expected nurses to know when to notify the physician for anything abnormal. When asked about the nurses being educated on nephrostomy care, UM H reported they get educated but thinks they may need more. When questioned about the stopcocks on the nephrostomy bags for R1 and R2, UM H reported that if there are instructions, they will put those instructions in the order as what needs to be done or will put them in an education binder for the nurses. During an observation and an interview on 4/16/25 at 3:35 PM, the Unit Manager/Licensed Practical Nurse (LPN) H was asked about the nephrology tubing for R1 and reported the pig tail of the stop cock was pointing toward the flushing/irrigation port. At this time, UM H did not know if the stopcock was opened or closed for draining. In an interview on 4/16/25 at 5:00 PM, UM H reported that stopcock for R1 which had the pig tail pointing towards the irrigation port was not in the right position and will educate her staff on the correct position which is towards the drain bag like it was for R2. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235358	A. Building B. Wing	04/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Ludington	1000 E Tinkham Ave Ludington, MI 49431

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #2 (R2) Review of a Face Sheet revealed R2 originally admitted to the facility on [DATE] and readmitted after a hospitalization on [DATE] and has pertinent diagnoses of Urinary tract infection, bacteremia (blood infection), methicillin resistant staphylococcus aureus infection, multiple sclerosis, hydronephrosis. During an observation and an interview on 4/16/25 at 11:35 AM, R2 was in bed and her nephrostomy tube was on her right side and R2 reported that hardly anything comes out. RN B reported the stopcock on the nephrostomy tube was draining and can tell the tubing is stable. The pigtail of the stop cock was facing the tubing of the drain bag. During an observation and an interview on 4/16/25 at 1:30 PM, RN C went to R2's room and reported the nephrostomy bag was draining because the pigtail of the stopcock was pointing toward the tubing of the drain bag which means it is on. During an observation and an interview on 4/16/25 at 3:25 PM, the Unit Manager/Licensed Practical Nurse (LPN) H was asked about the nephrostomy tubing for R2 and asked this surveyor if the attending nurse was questioned. When UM H was asked to look at R2's nephrostomy tubing, UM H looked at the stopcock and verified the pigtail of the stopcock was pointing toward the drain bag and said she would have to get her bifocals to read if it says it is in the off position because she was not sure at this time. When asked what a typical assessment would include, UM H reported the drainage and any color, pain, discomfort, sediment, and would look at the exit site. When asked what an abnormal reporting for this resident would be and what the expectations of staff would be, she reported she would document her findings, look at the history. UM H did report there was some scant sediment in the drain bag and small amount of blood fluid in the tubing, but no measurable amount of body fluid at this time. Review of the April MAR/TAR for R2 revealed an order to Empty nephrostomy bag and enter amount every shift dated 4/7/25 revealed until 4/17/25 there are 22 shifts of 0 output from the nephrostomy bag and one shift with no documentation. The highest output was 40 ml (milliliters) on 4/7/25 when the monitoring began post hospitalization . On the 4/17/25 night shift, after questioning the nephrostomy care, 575 ml of fluid output was documented. After the first staff education on 4/16/25: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235358	A. Building B. Wing	04/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Ludington	1000 E Tinkham Ave Ludington, MI 49431

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 4/17/25 at 1:21 PM, the Director of Nursing (DON) reported they educated the nurses yesterday and all the nurses this day before they start their shift on nephrostomy care and reported the nurses could demonstrate the appropriate positioning of a nephrostomy stopcock. The DON reported R1 has a history of pulling out her nephrostomy tubing and is always fidgeting with it. R1 and R2 are dialysis patients, and it is hard to know how much urine output they will have. The DON reported R1 is OCD with her tubes and other devices she has and just cannot leave them alone. The UM H made sure her dressing was secured with a Tegaderm, and the tubing was anchored well yesterday. The DON verified the dressing is to be secured with a Tegaderm and acknowledged it was not. The DON reported she thought there was an order to anchor the nephrostomy tubing in place but could not find it. When asked if dressings should be dated, the DON reported it is preferred. When asked if there were concerns that staff reported dressing changes were not being done but were charting, they were? The DON reported it had been a while but did not have anything solid to prove the nurses were doing this. When asked what was included in the nephrostomy care education the day before, the DON was to provide the information and reported the staff know which position the stopcock should be in to drain the nephrostomy. During an observation on 4/17/25 at 1:45 PM, Licensed Practical Nurse (LPN) I and surveyor went to R2's room and verified the stopcock was pointing towards the drain bag which meant that it is draining. Afterward, LPN I verified the stopcock was pointed toward the drain bag and said it was draining, but not confidently, with a little blood-tinged urine was noticed in the bag. In an interview on 4/17/25 at 2:00 PM, the RN A explained how the stopcock functions and reported the pigtail of the stopcock is the off position. Wherever that pigtail is pointing, that means it is blocking the flow to that area. It should always be pointing toward the irrigation port so the nephrostomy tubing can drain to the bag. RN A then reported if it is pointing toward the drain bag, it is not draining. In an interview on 2/17/25 at 2:19 PM, the DON reported she went to R2's room and saw the pigtail of the stopcock was pointed towards the drain bag and R1's pigtail was pointed towards the port. The DON reported UM H misunderstood what position the stopcock needed to be in and is going around re-educating staff right now. In an interview on 2/17/25 at 2:30 PM, the facility Staff Educator/RN U reported the staff were educated yesterday on the correct positioning of the stopcock for R1 and R2 and the pigtail should be pointing towards the flushing port. RN U reported she knew this yesterday and educated the staff by showing them a picture. RN U reported she went to R1's room yesterday and the stopcock was in the correct position, but today it was pointing towards the drain bag indicating it is not open. RN U reported she educated the staff and the Unit Manager by reviewing the policy and talking about it. The Unit Manager misunderstood and those she educated, were informed wrong. Today, the started to re-educate staff again with pictures of the stopcock and that the pigtail should always be pointed toward the flushing port for draining into the bag. Review of the April MAR/TAR for R2 revealed an order to Empty nephrostomy bag and enter amount every shift dated 4/7/25 revealed until 4/17/25 there are 22 shifts of 0 output from the nephrostomy bag and one shift with no documentation. The highest output was 40 ml (milliliters) on 4/7/25 when the monitoring began post hospitalization . On the 4/17/25 night shift, after questioning the nephrostomy care, 575 ml of fluid output was documented. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235358	A. Building B. Wing	04/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Ludington	1000 E Tinkham Ave Ludington, MI 49431

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of a Job Description for the Unit Manager revealed: Summary: Responsible for directing the entire operation of a nursing unit in a long-term facility. Essential Functions: Performs General Management Functions such as hiring, disciplining and evaluating employees Plans and facilitates meetings and committees to address resident care issues for the unit Manages area of responsibility with the goal of achieving and maintaining the highest quality of care possible. Participates in developing, implementing and evaluating programs that promote the recruitment, retention, development and continuing education of nursing staff members. Contacts physicians as necessary and ensures physicians interventions are timely and appropriate. Reviews staffing patterns and census of nursing units and reassigns personnel when necessary to ensure staffing meets resident needs and budgetary controls. Monitors the clinical operations of the unit and resident's conditions and ensures that appropriate and quality care is administered. Obtains medications, supplies and medical records needed to provide safe, efficient and therapeutic care to residents on a continuing basis. Assists in the orientation of new personnel, monitors their skills and guides and observes staff that may need assistance with procedures. Participates in facility QA program. Performs other tasks as assigned. Review of a Licensed Practical Nurse (LPN) Job Description revealed: Summary: Coordinates and provides nursing care for residents and provides supervision and guidance to clinical staff members. Scope of work may be modified by state specific rules under the Nurse Practice Act.Essential Functions: (included but not limited to): Documents the resident's condition and nursing needs. Accurately and promptly implements physicians' orders. Administers medications and performs treatments for assigned residents, and documents that treatment as required by Company, and local, state and federal rules and regulations. Assigns nursing care to team members in accordance with the resident's needs and the person's capabilities and qualifications. Reports and records pertinent observations and reactions regarding residents. Coordinates nursing care of residents when scheduled for therapy or procedures by other departments. Assists with or institutes emergency measures for sudden adverse developments in residents. Supervises nursing unit, which includes scheduling and directing the nursing staff to extent permitted by state practice act. Performs other tasks as assigned. Review of the Employee training files for Registered Nurse (RN) B, RN P, RN C and Licensed Practical Nurse (LPN)/Unit Manager LPN H revealed no education for nephrostomy care.