| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235358 | A. Building<br>B. Wing | 06/24/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Medilodge of Ludington | 1000 East Tinkham Avenue<br>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 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Intake 3042861 Based on interview and record review, the facility failed to ensure residents who required two people to assist with transfers, were transferred by two people at all times for 4 residents (R5, R6, R7, and R9) out of 10 residents reviewed for accidents and hazards. Findings include:During an interview on 6/23/2026 at 10:30 AM, Confidential Informant (CI) K reported that there are 6 people on the hall she is assigned to that require two people for assistance with transfers but there is not enough staff to get to everyone in time leading to making residents wait for help. CI K said that when one person goes on break, staff can't help everyone who needs it. During an interview on 6/24/2026 at 8:12 AM, CI K reported that they will often transfer residents who require a mechanical lift with only one person. According to CI K, there should always be two people assisting with transfers that require either a lift or a sit to stand, but that isn't possible due to not being able to find help when needed. During an interview on 6/24/2026 at 8:59 AM, CI E reported they do most of the two person assist transfers by themself because there is not enough help first thing in the morning. During an interview on 6/24/2026 at 12:25 PM, the Director of Nursing (DON) reported that it is the policy of the facility that any resident who requires the use of a mechanical lift or a sit-to-stand machine for transfers, be assisted by two staff at all times. R5Review of a Face Sheet reflected R5 admitted to the facility with diagnoses that included chronic obstructive pulmonary disease, major depression, and neuralgia (a sharp, shocking, or burning pain that follows the pathway of damaged or irritated nerves) and neuritis (inflammation of one or more peripheral nerves). Review of a Care Plan initiated on 1/09/2026, reflected R5 needed 2 people assist and the use of a mechanical lift for transfers. During an interview on 6/24/26 at 9:37 AM, R5 reported that most of the time staff will transfer her with 2 people assisting but sometimes only one person will complete the transfer with the mechanical lift because there isn't enough help. R6Review of a Face Sheet reflected R6 admitted to the facility with diagnoses that included unspecified cord compression, morbid obesity with alveolar hypoventilation (occurs when breathing is too shallow or too slow to meet the body's metabolic needs), fusion of cervical spine, spondylosis (a form of spinal osteoarthritis) without myelopathy or radiculopathy, lumbago (lower back pain) with sciatica (pain that radiates along the path of the sciatic nerve) on the right and left side, osteoporosis decreased bone mass making bones fragile and susceptible to fractures), arthrodesis (orthopedic procedure that permanently immobilizes a joint)Review of a Care Plan initiated on 5/09/2026, reflected that R6 had an ADL self-care deficit related to his diagnoses and required two people, a sit-to-stand lift, and hard c-collar (cervical collar) to assist with transfers.During an interview on 6/24/2026 at 9:03 AM, R6 reported that sometimes only one person completes a transfer with the mechanical lift instead of two. R7Review of a Face Sheet reflected R7 admitted to the facility with diagnoses that included peripheral vascular disease, obesity, and acquired absence of left leg above the knee. Review of a Care Plan initiated on 6/19/2025, reflected that R7 had an ADL self-care deficit related to her diagnoses and was transferred with 2 people assist and a mechanical lift.During an interview on 6/24/2026 at 9:51 AM, R7 reported that staff use only one person to transfer her with the mechanical lift the majority of the<br>(continued on next page) |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | time because there is not enough staff. Luckily, I have not been hurt!.R9Review of a comprehensive Minimum Data Set (MDS) assessment dated [DATE] reflected R9 admitted to the facility from the hospital on 2/6/2024 with diagnoses that included spondylosis (degeneration affecting the discs, joints, and bones of the spine) with myelopathy (neurological deficits caused by spinal cord compression. Symptoms can include balance and gait issues, numbness, weakness or hyperreflexia), thoracic (upper/mid back) region, osteoarthritis and low back pain. The assessment reflected R9 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15/15. R9 had functional limitations in range of motion of both lower extremities and was dependent on staff for toileting and transfers. During an interview on 6/24/26 at 8:35 AM, R9 reported that he needs two people to transfer him and typically there is only one person 50% of the time. |

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| F 0725<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake 3042861 Based on observation, interview, and record review, the facility failed to ensure staff were deployed in sufficient numbers to meet the needs of 6 residents (R3, R10, R5, R6, R7 and R9) out of 10 residents reviewed for staffing. Findings include:R3Review of a Face Sheet reflected R3 admitted to the facility with diagnoses that included Parkinson's disease with dyskinesia, age related osteoporosis, orthostatic hypotension, repeated falls and depression. Review of a Care Plan initiated on 6/3/2025, reflected R3 had an Activities of Daily Living (ADL) self-care deficit related to her diagnoses and needed one person to assist with ambulation and toileting. The care plan also specified encourage use of visual prompts on beside table for reminder to use call light and walker. Further review of the entire care plan indicated R3 was at risk for falls and was on a toileting program to prevent falls and address R3's risk for incontinence. During an interview on 6/23/26 at 11:13 AM, R3 reported that she has had to wait too long for her call light to be answered and had accidents (incontinence) which made her feel disgusted. R3 said, I don't feel like I'm not treated well, just not treated.R10Review of a Face Sheet reflected R10 admitted to the facility with diagnoses that included mild dementia without behavioral disturbances, congenital agranulocytosis (a rare inherited bone marrow disorder causing a lack of adequate white blood cells critical for fighting bacterial infections), erosive osteoarthritis (an aggressive subtype of osteoarthritis that primarily affects the small joints of the hands) and generalized anxiety. R10 was on hospice. During an observation and interview beginning on 6/23/2016 at 1:55 PM, R10's call light was observed on over R10's door. Multiple staff walked past the activated call light. On 6/23/2026 at 2:23 PM, the surveyor observed R10 seated on the side of the bed, a sheet over her lap, the hospice chaplain was at the bedside. The Hospice Chaplain reported R10 needed her diaper changed. R10 said she had pressed the call light and needed a clean diaper and reported a Certified Nurse Aide (CNA) came into her room a while ago but never returned and R10 did not know why the aide never returned. The surveyor remained in R10's room with her permission to wait for staff to answer the light. R10 said the staff are busy and need more help. At 2:32 PM, CNA B entered R10's room and asked R10 what she needed and then proceeded to provide care, nearly 40 minutes from the time the call light was first observed activated. R5Review of a Face Sheet reflected R5 admitted to the facility with diagnoses that included chronic obstructive pulmonary disease, major depression, and neuralgia (a sharp, shocking, or burning pain that follows the pathway of damaged or irritated nerves) and neuritis (inflammation of one or more peripheral nerves). Review of a Care Plan initiated on 1/09/2026, reflected R5 needed 2 people assist and the use of a mechanical lift for transfers. During an interview on 6/24/26 at 9:37 AM, R5 reported that most of the time staff will transfer her with 2 people assisting but sometimes only one person will complete the transfer with the mechanical lift because there isn't enough help. R6Review of a Face Sheet reflected R6 admitted to the facility with diagnoses that included unspecified cord compression, morbid obesity with alveolar hypoventilation (occurs when breathing is too shallow or too slow to meet the body's metabolic needs), fusion of cervical spine, spondylosis (a form of spinal osteoarthritis) without myelopathy or radiculopathy, lumbago (lower back pain) with sciatica (pain that radiates along the path of the sciatic nerve) on the right and left side, osteoporosis decreased bone mass making bones fragile and susceptible to fractures), arthrodesis (orthopedic procedure that permanently immobilizes a joint)Review of a Care Plan initiated on 5/09/2026, reflected that R6 had an ADL self-care deficit related to his diagnoses and required two people, a sit-to-stand lift, and hard c-collar (cervical collar) to assist with transfers.During an interview on 6/24/2026 at 9:03 AM, R6 reported that sometimes only one person completes a transfer with the mechanical lift instead of two. R6 said that it makes no difference if he presses the call light for assistance, because staff do not respond to his call light in a timely manner. According to R6, people<br>(continued on next page) |

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| F 0725<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | at the facility are here to make money and there isn't enough help.R7Review of a Face Sheet reflected R7 admitted to the facility with diagnoses that included peripheral vascular disease, obesity, and acquired absence of left leg above the knee. Review of a Care Plan initiated on 6/19/2025, reflected that R7 had an ADL self-care deficit related to her diagnoses and was transferred with 2 people assist and a mechanical lift.During an interview on 6/24/2026 at 9:51 AM, R7 reported that staff use only one person to transfer her with the mechanical lift the majority of the time because there is not enough staff. Luckily, I have not been hurt! They are so understaffed that they can't get to you in a timely manner. R7 said it would be nice if the facility had more mechanical lift slings because sometimes there are not enough and she can't get up to take her showers. R7 said, I enjoy my showers, and I miss them when I cannot get them. R9Review of a comprehensive Minimum Data Set (MDS) assessment dated [DATE] reflected R9 admitted to the facility from the hospital on 2/6/2024 with diagnoses that included spondylosis (degeneration affecting the discs, joints, and bones of the spine) with myelopathy (neurological deficits caused by spinal cord compression. Symptoms can include balance and gait issues, numbness, weakness or hyperreflexia), thoracic (upper/mid back) region, osteoarthritis and low back pain. The assessment reflected R9 was cognitively intact as evidenced by a Brief Interview for Mental Status (BIMS) score of 15/15. R9 had functional limitations in range of motion of both lower extremities and was dependent on staff for toileting and transfers. During an interview on 6/24/26 at 8:35 AM, R9 reported that he needs two people to transfer him and typically there is only one person 50% of the time. R9 said he feels bad when he has to wait a long time for assistance, It ain't right! Nobody comes down here to help if they are short-handed. There needs to be more teamwork. There are a lot of things I would change around here. There should be somebody in the hall watching the lights (nurse call lights).Review of a policy Quality of Care last reviewed 1/01/2022 reflected, It is the policy of (name of corporation) that each resident receives the necessary care and services to attain or maintain their highest practicable physical, mental, and psychosocial well-being, in accordance with each resident's comprehensive assessment and plan of care. The policy specified, Each facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and plans of care. |