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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235358 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 02/13/2025 |
| NAME OF PROVIDER OR SUPPLIER Medilodge of Ludington | | STREET ADDRESS, CITY, STATE, ZIP CODE 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) | | |
| <p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31771</p> <p>Based on observation, interview, and record review, the facility failed to provide needed services to ensure the dignified well-being of three residents (R47, R5, and R71) and the potential for all dependent residents to have unmet needs.</p> <p>Findings include:</p> <p>R47</p> <p>The medical record reflected R47 admitted to the facility on [DATE] with diagnoses that included Parkinson's Disease and Protein Calorie Malnutrition. The Minimum Data Set (MDS) dated [DATE] reflected R47 was moderately cognitively intact, had a urinary catheter, was frequently incontinent of stool, and was receiving end-of-life care.</p> <p>On 2/11/25 at 10:20 AM an observation and interview were conducted with R47 in his room. A soft-touch call light was observed at his side and urinary catheter tubing and a collection bag were noted. R47 reported several instances when he had soiled himself and had to wait for over an hour for staff to help him. When asked about using his call light R47 reported If I can find it (the call light) that the response wait times were long and gave a thumbs-down sign when asked how this made him feel. R47 reported he doesn't get out of bed often because staff don't like working with him indicating staff feel he has a bad attitude. R47 reported he has complained to supervision about the wait for assistance but was told you just have to wait. R47 stated he wants to be home.</p> <p>R5</p> <p>Review of the medical record reflected R5 admitted to the facility on [DATE] with medically complex conditions that included diabetes mellitus and a hip fracture. The MDS dated [DATE] reflected R5 was cognitively intact, frequently incontinent of bowel and bladder, required assistance with rolling side to side in bed, and was dependent on staff for transfers.</p> <p>On 2/12/25 at 8:58 AM an interview was conducted with R5 as she lay in bed. R5 reported, after initiating a call light, she often must wait a long time to be cleaned after wetting or soiling herself. R5 reported that there wasn't much (she) could do about it. R5 reported she has complained to staff that she has waited over an hour to be cleaned, and staff tell her, Well .we're busy.</p> <p>(continued on next page)</p> | | |

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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| FORM CMS-2567 (02/99) Previous Versions Obsolete | Event ID: Facility ID: 235358 | If continuation sheet Page 1 of 4 |

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| <p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Review of the Resident council Minutes reflected documentation of resident complaints of delayed call light response times on third shift in October 2024, December 2024, and January 2025.</p> <p>R71</p> <p>Review of the medical record reflected R71 admitted to the facility on [DATE] with diagnoses that included Dementia and Anxiety. The MDS dated [DATE] reflected R71 was severely cognitively impaired, frequently incontinent of bowel and bladder, and was dependent on staff for toileting and transfers.</p> <p>On 2/11/25 at 7:26 AM an observation of R71 was conducted in her room. R71 was observed in a Geri-chair (a high back wheelchair), dressed, and sitting in front of a television. R71 did not have a call light in reach as it was placed across the room. R71 was repeating help in a soft voice that could not be heard unless standing close to the Resident.</p> | | |

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| <p>F 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37573</p> <p>Based on interview and record review, the facility failed to follow their policy for transfers for one (R61) of one resident reviewed for hospital transfers.</p> <p>Findings Include:</p> <p>Review of a policy titled Transfer and Discharge (including AMA (Against Medical Advice)) last reviewed/revised 10/30/23 revealed: Emergency Transfers/Discharges- . a. obtain physicians' orders for emergency transfer or discharge, stating the reason the transfer or discharge is necessary on an emergency basis. d. Complete and send with the resident (or provide as soon as practicable) a Transfer Form which documents:</p> <p>Review of a Face Sheet for R61 revealed she originally admitted to the facility on [DATE].</p> <p>Review of the SBAR (Situation-Background-Assessment-Recommendation) dated 2/6/25 for R61 revealed she had a change of condition and was sent to the hospital. This form is to be sent with the resident to the hospital.</p> <p>Review of the Electronic Medical Record (EMR) for R61 revealed there were no physician orders to transfer to the hospital on 2/6/25 and no Transfer Form that provided a medication list to the hospital staff for the continuity of care.</p> <p>In an interview on 2/13/25 at 3:11 PM, the Director of Nursing (DON) reviewed R61's EMR and could not locate a Transfer Form for the resident's hospital visit on 2/6/25. The DON reported that the SBAR contained much of the relevant information about the resident's condition to accompany her to the hospital. However, the DON confirmed that the SBAR lacked R61's medication list and the EMR did not have an order for the resident's transfer.</p> | | |

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| <p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37573</p> <p>Based on interview and record review, the facility failed to provide a bed hold policy to one (R61) of one resident reviewed for hospitalization .</p> <p>Findings include:</p> <p>Review of a Face Sheet for R61 revealed she originally admitted to the facility on [DATE].</p> <p>Review of the SBAR (Situation-Background-Assessment-Recommendation) dated 2/6/25 for R61 revealed she had a change of condition and was sent to the hospital.</p> <p>Review of the EMR (Electronic Medical Records) for R61 revealed no Bed Hold Policy was provided for her transfer to the hospital on 2/6/25.</p> <p>In an interview on 2/13/25 at 3:11 PM, the Director of Nursing (DON) reviewed R61's EMR and could not find documentation indicating that the resident received a Bed Hold Policy when she transferred to the hospital on 2/6/25, noting that she should have received one.</p> <p>Review of a policy titled Transfer and Discharge (including AMA (Against Medical Advice)) last reviewed/revised 10/30/23 revealed: Emergency Transfers/Discharges- . a. obtain physicians' orders for emergency transfer or discharge, stating the reason the transfer or discharge is necessary on an emergency basis. i. Provide a notice of the resident's bed hold policy to the resident and representative at the time of transfer, as possible, but no later than 24 hours of the transfer.</p> | | |