

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235370	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/21/2025
NAME OF PROVIDER OR SUPPLIER Medilodge of St Clair		STREET ADDRESS, CITY, STATE, ZIP CODE 4220 S Hospital Dr East China, MI 48054	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50223</p> <p>This citation pertains to Intake MI00149376.</p> <p>Based on interview and record review, the facility failed to follow professional standards of practice for blood pressure medication hold parameters for one resident (R300) of three residents reviewed for medication administration. Findings include:</p> <p>A review of R300's admission facesheet revealed they were admitted to the facility on [DATE] with a diagnosis of Peripheral Vascular Disease (PVD). Further review of the medical record revealed R300 had a moderately impaired cognition.</p> <p>A review of R300's physician orders revealed the following active orders dated 11/6/24:</p> <ol style="list-style-type: none"> 1. Metoprolol Succinate ER oral tablet Extended Release 24-hour 25 mg (milligram) Give 1 tablet by mouth one time a day related to essential primary hypertension (high blood pressure) and, 2. Losartan Potassium Oral tablet 100mg give 1 tablet by mouth one time a day related to essential primary hypertension. <p>There were no orders to check the blood pressure prior to administering the blood pressure medication. There were no parameters indicated if a resident was below baseline to hold the medication.</p> <p>A review of R300's vital signs revealed the following blood pressures:</p> <p>-96/67 (normal range 120/80) on 11/20/24 at 10:06 AM and,</p> <p>-81/54 on 11/20/24 at 11:48 AM.</p> <p>A review of R300's Medication Administration Record (MAR) revealed the Metoprolol and Losartan were administered the morning of 11/20/24 prior to the blood pressures being taken.</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of R300's progress notes revealed the following nurses note dated 11/20/24 12:32 PM: Resident has an altered mental status, resident had a bowel movement and passed out on the toilet then after some minutes came to. (name of author) and CNA (certified nurse assistant) helped the resident back to bed. Vital signs were obtained and documented in (electronic medical record), resident was very weak and required a lot of help with ambulation. (They) could respond when called but is not able to answer any more questions appropriately. PA (physician assistant) was notified and (they) came and assessed the resident and advised to send resident to the hospital. Family of the resident was present at the bedside when it all happened.</p> <p>A physician's progress note dated 11/20/24: .during my evaluation, while speaking to the (family member) in the hallway, patient went to the bathroom and had large bowel movement which likely resulted in a vasovagal (a sudden drop in heart rate and blood pressure) episode. I immediately saw the patient who was awake but not responding to verbal questions. Vital signs and BG (blood glucose) taken. Pt (patient) hypotensive (low blood pressure) with pressure 88/60 and pulse 48. Patient was subsequently laid in (their) bed while I discussed the option of transporting this patient to the hospital for further evaluation.</p> <p>On 1/22/24 at 1:28 PM, during an interview with Registered Nurse (RN) A they explained a resident's blood pressure should be checked before giving blood pressure medication and if the blood pressure is abnormal the doctor should be notified.RN A confirmed they administered R300's blood pressure medication the morning of 11/20/24 and explained they thought they had rechecked R300's blood pressure prior to administering the medication.</p> <p>On 1/22/24 at 2:06 PM, the Director of Nursing (DON) explained when a physician orders a blood pressure medication, they usually include holding parameters. The DON explained if the physician does not include hold parameters in the order the nurses should call the physician and get holding parameters.</p> <p>The DON confirmed the nurse should have held the blood pressure medications and notified the doctor.</p> <p>A review of the facility's policy titled Administering Medications revealed the following: Medications shall be administered in a safe and timely manner, and as prescribed . 4. If a dosage is believed to be inappropriate or excessive for a resident, or a medication has been identified as having potential adverse consequences for the resident or is suspected of being associated with adverse consequences, the person preparing or administering the medication shall contact the resident's attending physician or the facility's medical director to discuss the concerns . 11. The following information must be checked/verified for each resident prior to administering medications: a. Allergies to medications; b. Vitals signs, if necessary.</p> <p>A review of the facility's policy titled Medication Administration revealed the following: Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection .8. Obtain and record vital signs, when applicable or per physician orders. When applicable, hold medication for those vital signs outside the physicians' prescribed parameters.</p>		