STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235399	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Portage	7855 Currier Dr Portage, MI 49002

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48637 Based on observation, interview, and record review, the facility failed to protect the resident's right to dignity with grooming of facial hair in 1 resident (Resident #101) of 5 residents reviewed for dignity resulting in the potential for feelings of diminished self-worth, sadness, and frustration. Findings include: Resident #101(R101) Review of the Admission Record and Minimum Data Set (MDS) dated [DATE] revealed R101 admitted to the facility on [DATE] with diagnoses including type 2 diabetes (body has trouble controlling blood sugar and using it for energy) and muscle weakness. Brief Interview for Mental Status (BIMS) reflected a score of 11 out of 15 which indicated R101's cognition was moderately impaired (8-12 moderately impaired). During an observation and interview on 4/7/2025 at 11:36 AM, R101 was observed to have approximately 10 long gray facial hairs on her chin. R101 stated that they used to shave her chin in the group home before she came to the facility. R101 said that she hasn't had her facial hair shaved here since she was admitted to the facility and would like it to be done. During an interview on 4/8/2025 at 9:28 AM, Resident Assistant (RA) O stated that it is standard for staff to pluck or shave residents on shower days or if they request it to be done. During an interview on 4/8/2025 at 9:31 AM, Certified Nursing Assistant (CNA) C stated that residents should be shaved on shower days. CNA C said when she notices facial hair she asks residents if they want to be shaved or they will ask her to be shaved. During an interview on 4/8/2025 at 3:49 PM, CNA S stated that on shower or bed bath days she asks residents if they want to be shaved or have hair plucked if she notices facial hair on them. During another observation and interview on 4/8/2025 at 9:39 AM, R101 was observed to still have gray facial hair on her chin. R101 stated that she had a shower the day before (4/7/2025) and the staff were supposed to shave her chin but they didn't. R101 said she would still like it done. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the task list for staff revealed that R101's bathing schedule was on Mondays and Thursday on 1st shift. It was noted that R101 received a bed bath or shower 9 times since admission. The shower sheets only indicated whether skin checks were done and did not display any grooming check off. During an interview on 4/8/2025 at 3:56 PM, Nursing Home Administrator A stated that it is an expectation for staff to groom and ask residents if they want facial hair removed on their shower days. Review of the Expectation and Documentation of Resident's Shower sheet in each hall's CNA book revealed . 4. Facial hair for both men and women need to be attended to with each shower. If facial hair is present, please shave. If the resident refuses to allow shaving, please inform the nurse responsible for that resident

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to organize and participate in resident/family groups in the facility. 27306 Based on interview and record review the facility failed to ensure that grievances were promptly documented, investigated and resolved for 9 of 9 residents that participated in the Resident Council (RC) meeting. Findings include: Review of RC minutes dated 3/14/25 revealed old business included a concern that call lights on 3 rd shift were not answered timely and light turned off before need was met and that water was not passed consistently. The section of Actions taken was left blank. RC minutes dated 2/7/25 RC revealed old business that call light response time on 3rd shift slow to respond, and water pass was not consistent. New business identified concerns of 1. Call light on 3rd shift long wait time. 2. Turning off call light before addressing issues. 3. Ice water not passed out consistently Action taken changing hours to support third shift RC minutes dated 1/10/25 reflected under old business that call light response time was ongoing actions taken section of the minutes was left blank. New Business concerns were 1. Water not passed consistently 2. Call light response time 3rd shift weekends RC minutes dated 12/06/24 identified old business as call light response time status update ongoing Action taken will be added to all shift. New business call lights not being answered timely on 3rd shift will be added to all staff RC minutes dated 11/08/24 identified old business was call light response time Status update ongoing New Business - Call light response time early morning/night Action taken was ongoing. RC minutes dated 10/11/24 revealed new Business was a concern with call light response time- Action taken Was that the Director of Nursing would do spot checks on 2nd and 3rd shift. During the RC meeting on 4/8/25 at 10:00 am, 9 of the 9 participants reported they do not receive assistance in a timely manner on third shift. One participant reported he turned on his call light last night at 3:30 am and did not receive assistance until the day shift came in at 7:00 am. (continued on next page)

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F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	All 9 participants stated they complain about call light response time, staff turning off the call light prior to meeting their need and staff not consistently passing out water. RC participants stated these issues come up every month and will get better for a few days, then revert back. Five of the 9 RC participants reported they no longer voice concerns to Nursing Home Administrator A or Director of Nursing (DON) Bbecause they felt like their concerns were not taken seriously and fall on deaf ears. Three participants stated there was a canned response of We will take care of it. or Will see. On 04/09/25 at 10:10 AM, during an interview with NHA A she reported she stated she was aware of the concerns and had altered the staff development nurses schedule to work 4 -10 hour days in attempts to correct issues. When queried what time the staff development nurse got off duty , NHA A stated 9:00 pm.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48637 Based on interview and record review, the facility failed to implement ordered restorative program services provided to maintain, increase, or improve range of motion for 1 resident (Resident #41) of 2 residents reviewed for positioning/mobility, resulting in the potential for decreased range of motion and related complications such as development/worsening of contractures (shortening and hardening of muscles, tendons or tissue leading to deformity and rigidity of joints) and pain. Findings include: Resident #41(R41) Review of the Admission Record and Minimum Data Set (MDS) dated [DATE] revealed R41 originally admitted to the facility on [DATE] with diagnoses including type 2 diabetes (body has trouble controlling blood sugar and using it for energy), reduced mobility, depression and anxiety. Brief Interview for Mental Status (BIMS) reflected a score of 15 out of 15 which indicated R41 was cognitively intact (13 to 15 cognitively intact). During an interview on 4/7/2025 at 11:02 AM, R41 stated that he was supposed to be on a restorative program for range of motion and the facility staff hadn't done anything with him. R41 said he was on a restorative program in the past and really liked it and would like to receive it again. Review of R41's physician order revealed an order date of 3/11/2025 and Resident will benefit from level 2 restorative ADL (Activities of Daily Living)/HYGIENE and ROM (Range of Motion) program as resident tolerates and is willing. During an interview on 4/8/2025 at 9:42 AM, Restorative Aide (RA) LL stated that he worked with R41 in the past and he was on the caseload again. RA LL said that that he should work with R41 2-3 times a week if R41 was available since he likes to go outside a lot. RA LL stated that he was just on vacation for 10 days and he wasn't sure if the other RA (RA KK) saw him when he was on vacation. During an interview on 4/8/2025 at 9:47 AM, Minimum Data Set (MDS) Licensed Practical Nurse (LPN) who was also the Restorative Director (RD) II stated that R41 was on restorative caseload for ROM and hygiene but he hasn't really been seen since he spends a lot of time outside. RD II said they like to see residents 2-3 times a week but the time isn't set since it's PRN (as needed). Review of R41's care plan revealed Focus: Resident would benefit from a restorative range of motion program related to decreased strength in lower extremities, decreased strength in upper extremities. Date initiated 1/24/2024, Revision on 3/11/2025 (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R41's task documentation revealed the following restorative tasks: Right upper extremity active Range of Motion, shoulder and elbow all planes, manual resistance 2-3 sets/15-20 reps (repetitions); Restorative Nursing: Dressing/Grooming: Hand hygiene- Set up soapy water with washcloth and orange sticks; set up/supervision assist. The questions How well did resident tolerate, amount of minutes spent proving range of motion and why did the restorative program not occur? each area displayed no data found for the last 30 days. When discussing the lack of restorative documentation on 4/8/2025 at 10:00 AM, RD II stated that she doesn't do a good job documenting for the restorative program and making sure the RA's document under the task tab. RD II said that she doesn't have any other documentation anywhere and it's my fault. Review of the Restorative Nursing Programs Policy with an implementation date of 10/30/2020 and a review date of 1/1/2022 revealed Level II Restorative Nursing - A reasonable expectation that improvement will continue to occur with resident participation and goal setting . The following types of residents could benefit from a Restorative Program(s) but limited to: Contracture prevention and/or management . Skills practice/training in Activities of Daily Living Contracture Prevention and Management . Once determined that the resident would benefit from a restorative nursing program, implement the following: Determine if the resident is willing and able to participate. Document refusal in the medical record with education regarding risks and benefits. Re-visit at least quarterly to determine if the resident would still benefit. Determine willingness and ability and document refusals as previously completed Each facility should establish a monitoring program to assure success. The following have been identified as best practices . Establishment of a daily review of rehabilitation documentation to discern delivery of care or need to schedule on another shift .Implementation of program review by nursing staff, therapy, and others as appropriate to monitor program including additions of new residents and removal of programs Documentation of implementation should be completed on the Restorative Service Delivery Record or EMR as applicable. This includes each description of the intervention or modality to be provided, Time in minutes each time provided, Staff initials each time provided

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36221 Based on observation, interview, and record review, the facility failed to serve food at a palatable temperature in 2 of 4 residents (Resident #66 & #91) reviewed for food palatability, and 9 of 9 residents from the confidential group interview, resulting in dissatisfaction with meals and the potential for nutritional decline. Findings include: Resident #66 Review of an Admission Record revealed Resident #66 was a female with pertinent diagnoses which included anemia, diabetes, depression, and anxiety. Review of a Minimum Data Set (MDS) assessment for Resident #66, with a reference date of 2/22/25, revealed a Brief Interview for Mental Status (BIMS) score of 15, out of a total possible score of 15, which indicated she was cognitively intact. In an interview on 4/7/25 at 11:49 AM, Resident #66 reported she eats her meals in her room, and hot foods at the facility are often cold by the time they are served. In an interview on 4/8/25 at 3:48 PM, Registered Dietitian (RD) M reported they have talked with Resident #66 about her food concerns, which include hot foods being served cold. In an interview on 4/8/25 at 3:58 PM, Resident #66 reported the dinner served last night (pork chop) was cold by the time it was delivered to her room. 27306 During the RC meeting on 4/8/25 at 10:00 am, 9 of the 9 participants reported the food was always , always cold with overcooked vegetables that were mushy. The RC participants reported items were missing of trays at every meal either a tea bag, salad, bread, dessert, food requests/preferences not honored. RC participants stated the facility had food committee in place, but all 9 RC participants unanimously agreed there had been no improvement. Resident 91 Review of the clinical record including the Minimum Data Set (MDS) dated [DATE], reflected Resident 91 (R91) was admitted to the facility with diagnoses that included sepsis due to escherichia Coli (E. Coli). R91 scored 13 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS). On 04/07/25 at 02:27 PM during an interview R91 reported food was terrible, had no flavor and always cold. R91 reported making multiple complaints to staff and had missed several meals due to palatability. (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	38905 An interview with [NAME] SS, at 11:59 AM on 4/7/25, found that she likes hot food on the steam table to be around 175F. At this time, temperatures of hot food items were taken and found to be over 175F. An interview with Certified Dietary Manager RR at 12:21 PM on 4/7/25, found that the order of food being delivered goes C hall cart, B hall cart , Dining room service , A hall cart, and then D hall cart. During lunch service, at 1:15 PM on 4/7/25, a test tray was plated and placed as the first meal tray on the D hall cart. No observations of additional food temperatures were found to have been taken since the start of service. At 1:29 PM on 4/7/25, the D hall cart, with the test tray and roughly 16 resident trays, was delivered to D hall. At 1:35 PM on 4/7/25, all of the resident trays on D hall had been delivered and the test tray was back in the conference room. The following temperatures were found with a rapid read digital thermometer: Mash potatoes 119F, Salisbury steak 109F, and carrots 118F.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 38905 Based on observation, interview, and record review, the facility failed to prepare and serve food in accordance with professional standards for food service safety. This deficient practice has the potential to result in food borne illness among all residents that consume food from the kitchen. Findings include: During the initial tour of the kitchen, at 10:10 AM on 4/7/25, it was observed that the kitchens only hand sink was being blocked by a large dietary cart full of dirty dishes from breakfast. With no other hand sink in the kitchen, the cart had to be repositioned and moved over so that the hand sink could be accessible. An interview with Regional Dietitian VV found that facility staff have thought about adding another hand sink in the kitchen but are not sure of the best location. An interview with Maintenance Director Z, at 11:20 AM on 4/7/25, found that the original location suggested for an additional hand sink was too close to an electrical panel. When asked about adding a sink between the cook line and the three compartment sink, Maintenance Director Z stated one could possibly fit and more easily tie into the plumbing. An interview with Director of Operations WW, at 4:02 PM on 4/7/25, found that where its easiest to place the dietary carts for dishes is not convenient for regular access to the only hand sink. According to the 2022 FDA Food Code section 5-203.11 Handwashing Sinks. (A) Except as specified in (B) and (C) of this section, at least 1 HANDWASHING SINK, a number of HANDWASHING SINKS necessary for their convenient use by EMPLOYEES in areas specified under S 5-204.11, and not fewer than the number of HANDWASHING SINKS required by LAW shall be provided. According to the 2022 FDA Food Code section 5-204.11 Handwashing Sinks. A HANDWASHING SINK shall be located: (A) To allow convenient use by EMPLOYEES in FOOD preparation, FOOD dispensing, and WAREWASHING areas . According to the 2022 FDA Food Code section 5-205.11 Using a Handwashing Sink. (A) A HANDWASHING SINK shall be maintained so that it is accessible at all times for EMPLOYEE use . During a tour of lunch service, starting at 12:08 PM on 4/7/25, it was observed that Dietary Aide TT and Dietary Aide UU were found with artificial fingernails on the service-line. The dietary aids were helping add drinks, silverware, desserts, and plates of food to trays. At this time, no gloves were observed being worn by staff with artificial fingernails and Dietary Aide TT was observed wearing four bracelets. According to the 2022 FDA Food Code section 2-302.11 Maintenance of Fingernails (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	(A) FOOD EMPLOYEES shall keep their fingernails trimmed, filed, and maintained so the edges and surfaces are cleanable and not rough. (B) Unless wearing intact gloves in good repair, a FOOD EMPLOYEE may not wear fingernail polish or artificial fingernails when working with exposed FOOD. According to the 2022 FDA Food Code section 2-303.11 Prohibition Jewelry Except for a plain ring such as a wedding band, while preparing FOOD, FOOD EMPLOYEES may not wear jewelry including medical information jewelry on their arms and hands. During an observation of lunch service, at 12:31 PM on 4/7/25, it was observed that Certified Dietary Manager (CDM) RR was helping check resident meal tickets and completed trays before being delivered. [NAME] SS stated she needed assistance with a food item. CDM RR was observed coming into the kitchen from outside the service window and assisting [NAME] SS with getting what looked to be parmesan cheese and then going back outside of the service window to continue her work with the trays. No hand washing was observed upon entering the kitchen and working with food. During an observation of lunch service, at 12:35 PM on 4/7/25, was observed that Dietary Aid UU, was placing utensils, desserts, and drinks onto resident trays. At this time, Dietary Aide UU was observed stepping off the tray line and exiting the kitchen to grab the next halls meal tickets located in the dining room. Dietary Aide UU was observed checking her phone upon leaving the kitchen and before grabbing the next halls meal tickets. After getting the meal tickets, Dietary Aid UU walked back into the kitchen and got back onto the service-line without washing her hands. During an observation of lunch service, at 12:43 PM on 4/7/25, it was observed that CDM RR was helping check resident meal tickets and completed trays before being delivered to residents. [NAME] SS stated she needed assistance with a food item. CDM RR was observed coming into the kitchen and getting chips for [NAME] SS without washing her hands. According to the 2022 FDA Food Code section 2-301.14 When to Wash. FOOD EMPLOYEES shall clean their hands and exposed portions of their arms as specified under S 2-301. 12 immediately before engaging in FOOD preparation including working with exposed FOOD, clean EQUIPMENT and UTENSILS, and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES and:(A) After touching bare human body parts other than clean hands and clean, exposed portions of arms; (B) After using the toilet room; (C) After caring for or handling SERVICE ANIMALS or aquatic animals as specified in 2-403.11(B); (D) Except as specified in 2-401.11(B), after coughing, sneezing, using a handkerchief or disposable tissue, using tobacco, eating, or drinking; (E) After handling soiled EQUIPMENT or UTENSILS; (F) During FOOD preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; (G) When switching between working with raw FOOD and working with READY-TO-EAT FOOD; (H) Before donning gloves to initiate a task that involves working with FOOD; and (I) After engaging in other activities that contaminate the hands.