STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235410	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Munising	300 W City Park Dr Munising, MI 49862

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49310 This deficiency pertains to Intake: MI00146075 Based on interview and record review, the facility failed to provide showers for one Resident (R5) of three residents reviewed for showers. Findings include: Resident #5 (R5) was admitted to the facility 7/8/24. R5's diagnoses included but were not limited to hemiplegia (paralysis on one side of the body) due to a stroke, urinary tract infection, dementia, cognitive communication deficit, and weakness. R5 was discharged from the facility on 7/25/24. The care plan was revised on 8/9/24, 15 days after R5 discharged from the facility, but did not include interventions for showering or bathing. An admission Minimum Data Set (MDS) assessment dated [DATE] documented R5 required moderate assistance from staff for showering and shower transfers. R5 was occasionally incontinent of bladder. The MDS did not code concerns with refusal or rejection of care, or behavioral difficulties. Certified Nursing Assistant (CNA) documentation revealed R5 was provided with one shower during the 17-day duration of stay in the facility. The documentation reflected the shower was provided on 7/19/24 and R5 required substantial/maximal assistance from staff to complete the task. Showering information was not found elsewhere in R5's health record. The Director of Nursing (DON) was interviewed on 8/21/24 at 11:45 a.m. The DON said residents are to receive showers twice per week unless otherwise documented in the care plan. When asked why R5 did not receive showers twice weekly while in the facility, the DON did not provide a response. When asked if showers were documented anywhere other than the CNA documentation task, the DON said, No. The aides [CNAs] document showers. The policy Activities of Daily Living (ADLs) dated 12/28/23 read, in part: .A resident who is unable to carry out activities of daily living receives the necessary services to maintain good .grooming, and personal . hygiene

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49310 This deficiency pertains to Intake: MI00146243 Based on observation, interview, and record review, the facility failed to transcribe treatment orders and follow-up on wound clinic recommendations for one Resident (R5) of three residents reviewed for pressure injuries. Findings include: During an interview on 8/20/24 at 12:15 p.m., Resident #6 (R5) said, I have a sore that looks like a big hole. I got it a couple months ago. R5 said the wound became infected and he was sent to the hospital. R5 confirmed the wound developed at the facility. R5 said, It was getting better when they had the vacuum on it. The Electronic Medical Record (EMR) for R5 revealed the development of a stage 4 (full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone) pressure injury (PI) on the sacrum on 3/4/24. A Wound VAC (Vacuum-Assisted Closure - negative pressure wound therapy) was used beginning on 5/22/24. R5 was transferred to the hospital on 7/29/24 and was admitted to the Intensive Care Unit (ICU) due to sepsis (a life-threatening response to an infection) secondary to the infected stage 4 pressure injury on the sacrum. R5 returned to the facility on [DATE]. The discharge instructions from the hospital included treatment orders to cleanse the wound on the sacrum and pack the wound with an antimicrobial gauze moistened with [name brand solution used to combat bacteria and facilitate wound healing]. The treatment order from the hospital was not transcribed by the facility into the EMR orders for R5. A review of the Treatment Administration Record (TAR) revealed the sacral wound was not documented as being treated until 8/7/24. No treatments to the sacrum were documented on the TAR or elsewhere in R5's EMR until 8/7/24. R5's attending physician at the facility completed a history and physical (H&P) examination dated 8/6/24. The H&P documented, in part: .follow up with wound care regarding wound VAC recommendation . A hand-written notation at the bottom of the H&P read, Processed and noted 8/18/24 and was signed by Licensed Practical Nurse (LPN) A. Wound care was observed completed by LPN A on R5's sacrum on 8/21/24 at 10:55 a.m. with the assistance of Registered Nurse (RN) B. The wound presented as a large, ulcerated stage 4 sacral PI. The wound had substantial undermining (significant erosion beneath the visible wound edges). LPN A said the wound was measured on 8/20/24. Measurements on 8/20/24 were 5.51 cm long, 5.14 cm wide, and 3.8 cm deep with 5.7 cm undermining. After the treatment, RN B was asked why R5 did not have the wound VAC in place. RN B responded, I don't know. I'm really surprised they didn't re-order the wound VAC. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R5 went to the wound clinic on 8/19/24. The wound specialist's recommendations were in R5's health record and read, in part: .[R5] was hospitalized ,d+[DATE] - 8/5/2024 for sepsis .[R5] was discharged with the wound VAC to the sacrum, but this is not in place today .The VAC should be replaced upon return to the facility . There was no follow-up documentation in R5's health record regarding wound VAC placement as recommended by the wound clinic. R5's health record did not reveal an order to re-start the wound VAC as recommended by the wound clinic. There were no progress notes indicating R5's attending physician had been notified of the wound clinic recommendations for re-starting the wound VAC. On 8/21/24 at 11:40 a.m., RN B was asked if any follow up had been completed with the wound clinic recommendation for the wound VAC. RN B said he didn't know the wound clinic recommended the wound VAC. The wound clinic recommendations were shown to RN B. RN B replied, hmmm .I'll have to look into that. The Director of Nursing (DON) was interviewed on 8/21/24 at 11:45 a.m. The DON said nurses are expected to transcribe hospital discharge orders when residents are admitted or readmitted to the facility. The DON said nurses are expected to contact the physician with consultant recommendations, including wound clinic recommendations, as soon as possible when the recommendations are received. The DON agreed R5 should have had treatments completed on 8/5/26 and 8/6/24. The DON agreed the wound clinic recommendations should have been followed up when R5 returned from the appointment on 8/19/24.