

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235410	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER Medilodge of Munising		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49310</p> <p>This citation pertains to Intake MI00147081</p> <p>Based on interview and record review, the facility failed to ensure an accurate indication to administer a laxative prior to administering for one Resident (R901) of one resident reviewed for unnecessary medications. Findings include:</p> <p>The Complaint Intake Unit received an allegation of Resident #901 (R901) receiving a laxative on 9/23/24 despite having daily bowel movements. As a result, R901 experienced diarrhea and bowel incontinence when she could not get to the bathroom timely.</p> <p>R901 was admitted to the facility on [DATE]. A quarterly Minimum Data Set (MDS) assessment dated [DATE] documented R901 was always continent of bowel and bladder. The MDS coded R901 as requiring assistance from staff for transferring to the toilet and toileting hygiene.</p> <p>A bowel elimination tracking document in R901's medical record revealed R901 had a medium-sized bowel movement on 9/20/24 and an extra-large bowel movement on 9/21/24. No bowel incontinence or diarrhea was documented on 9/23/24.</p> <p>The September Medication Administration Record (MAR) contained four laxative medications. Three of the laxatives were to be administered PRN (as needed), and one laxative was ordered to be administered one time only. None of the laxative medications were initialed as administered by a nurse.</p> <p>During an interview with Registered Nurse (RN) C on 10/1/24 at 1:52 p.m., RN C confirmed she was the nurse assigned to the care of R901 on 9/23/24. RN C said it was reported on 9/23/24 that R901 was on the list of residents who had not had a bowel movement. RN C said she called R901's physician and received an order for a one-time dose of Miralax, a laxative. RN C confirmed she did not perform an assessment of R901 but administered the laxative. RN C verified R901 had loose stools and experienced bowel incontinence because of the laxative administration on 9/23/24. RN C described R901 as being upset due to being incontinent of bowel.</p> <p>RN C said the bowel elimination tracking record for R901 did not have bowel movements recorded on 9/20/24, 9/21/24, and 9/22/24. RN C said she was informed after the administration of the laxative on 9/23/24 that R901 had bowel movements on 9/20/24 and 9/21/24. RN C said on 9/23/24 she had the Certified Nurse Aides (CNA) enter the bowel movements into R901's medical record for 9/20/24 and 9/21/24. RN C did not sign the Miralax order as administered on the MAR.</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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The policy Medications - PRN dated 1/30/24 read, in part: . 'PRN medication' refers to a medication that is taken as needed for a specific situation. It is not provided routinely and requires assessment for need and effectiveness. 'Indications for use' is the identified, documented clinical rationale for administering a medication that is based upon an assessment of the resident's condition .</p>		