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	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Munising	300 West City Park Drive 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 0635 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide doctor's orders for the resident's immediate care at the time the resident was admitted. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the receipt and transcription of physician orders for immediate care upon admission of two Residents (R3 & R11) out of 9 residents reviewed for physician orders. This deficient practice resulted in lack of physician orders for necessary medications and treatments, and the potential for worsening of condition. Findings include: This deficiency pertains to Complaint Intake #MI00151891. Resident R3 Review of R3's Minimum Data Set (MDS) assessment, dated 3/2/25, revealed R3 was admitted to the facility on [DATE] with active diagnoses that included the following, in part: Alzheimer's disease, and visual loss. R3 had severely impaired cognition. During a telephone interview on 4/8/25 at 9:52 a.m., Complainant A reported the facility failed to provide necessary eye drop medications to R3 for approximately two weeks following their admission to the facility on [DATE]. Review of a pre-admission physician progress note for R3, dated 10/17/24, revealed the following Current Medications Taking, in part: Current Medications Taking . Timolol-Dorzolamide-Latanoprost 0.5 - 0.15 - 0.005% solution as directed Ophthalmic. Notes to Pharmacist: LEFT EYE . Active Problem List . Primary open angle glaucoma ([NAME]) of both eyes, mild stage . Visual loss . Clinical Notes: will continue with current meds to nursing home for care . Review of R3's Physician Order Summary, retrieved 4/8/25 at 1:37 p.m.,, revealed the following physician orders, in part: Cosopt Ophthalmic Solution 2-0.5% (Dorzolamide HCL-Timolol Maleate) Instill 1 drop in left eye every morning and at bedtime for comfort related to unspecified visual loss. This verbal physician order was dated 11/11/24 with a Start Date of 11/11/24. (continued on next page)

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

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	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Munising	300 West City Park Drive 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 0635 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Latanoprost Ophthalmic Solution 0.005% (Latanoprost) Instill 1 drop in left eye at bedtime for comfort related to Unspecified Open-angle glaucoma, Stage Unspecified. Order and Start Date both 11/11/24. Both were started 12 days following admission. Review of R3's Progress Notes revealed the following, in part: 11/3/24 - Spoke with residents daughter who asked if [R3] was taking her eye drops, none had been ordered. I looked at home medication and can see she was taking them previously, spoke with [Physician] who ordered artificial tears qid (four times a day) one drop to both eyes daily. Family has asked that we contact eye doctor [Opthalmalogists Name] and get actual dosages and frequency and have it ok'd with [Physician] to start giving her the Timolol-Dorzolamide-Latanoprost. Did notice resident rubbing her eyes several times today. 11/4/24 - This writer called and spoke with [Opthalmologists Office Staff]. The are addressing the request from family for eye drops with him to see if she needs to remain on these. She was previously on timolol-Dorzolamide-0.5-2% 1 drop to left eye twice daily and Latanoprost .0005% 1 drop to left eye at bedtime .Waiting on a call back at this time. 11/4/24 - Pharmacy Medication Review Progress Note . Chart reviewed, recommendations sent to physician. 11/4/24 - This writer received a call back from [Opthalmologists Office Staff} stating that she (R3) should remain on the eye drops indefinitely to help protect the LEFT eye. Timolol-Dorzolamide 0.5-2% 1 drop to left eye twice daily and Latanoprost .0005% 1 drop to left eye at bedtime . 11/11/24 - Eye gtts (drops) as follow, Latanoprost 0.0005%, left eye daily at HS (hour of sleep) and Cosopt opth. solution 2-0.5%left eye BID (twice daily). Family is aware and [Physician] updated via fax. Review of R3's November 2024 Medication Administration Record (MAR), retrieved 4/8/25 at 1:42 p.m., revealed the Latanoprost Ophthalmic Solution 0.0005% and Cosopt Ophthalmic Solution 2-0.5% (Dorzolamide HCL-Timolol Maleate) both had a Start Date of 11/11/24, with no administration of these medications prior to that date. On 4/8/25 at 4:55 p.m., Senior Director of Nursing E was asked to review R3's 12-day delay in receipt of physician orders and administration of necessary eye medications for the Resident. On 4/8/25 at 9:11 a.m., when asked about the delay in the physician order and administration of R3's eye drops, Senior Director of Nursing E stated, I was not here at the time for [R3s'] eyedrops. I don't have a clear answer as to why it was not transcribed initially because it was on her (R3's) admission orders. Senior Director of Nursing E and the Nursing Home Administrator, both present at the interview, confirmed the medications should have been transcribed and available for administration upon admission. Resident R11 (continued on next page)

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	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Munising	300 West City Park Drive 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 0635 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R11s' admission Record revealed R11 was admitted to the facility on [DATE] with active diagnoses that included acute and chronic respiratory failure with hypoxia (lack of oxygen), pneumonia, and chronic obstructive pulmonary disease (COPD). R11 was her own responsible party and able to make her own medical decision. R11 used a wheelchair for mobility. On 4/8/25 at 10:15 a.m., R11 was observed sitting at a table in the dining room in their wheelchair playing cribbage with a family member. There was no oxygen tank, or equipment to hold an oxygen tank on R11's wheelchair. Two unidentified male staff members subsequently entered the dining room and looked at the residents wheelchair. One of the unidentified male staff members returned and placed an oxygen tank holder on the back of R11's wheelchair at approximately 11:00 a.m. On 4/8/25 at 11:40 a.m., Occupational Therapist (OT) O, was observed entering the dining room and checked R11s' blood oxygen level with a finger oxygen saturation device. OT O appeared to check R11s' oxygen (O2) saturation level several times. OT O stated, I am going to get the tubing (oxygen tubing to administer oxygen from the oxygen tank now on the back of R11's wheelchair). It (O2 saturation) was 87, and 88. The highest I can get it is 89. R11 was not wearing oxygen during the time they were in the dining room. Review of R11s' Physician Order Summary, retrieved 4/8/25 at 3:22 p.m., revealed a physician order for supplemental oxygen via nasal cannula was not present. No order for oxygen was found in R11's medical record. Review of R11s' Care Plans, retrieved 4/8/25 at 3:21 p.m., revealed the following interventions related to oxygen: Oxygen as ordered. Date Initiated: 3/30/25. Review of R11s' Progress Notes, retrieved 4/8/25 at 3:26 p.m., revealed the following entry, in part: 3/31/2025 04:48 (4:48 a.m.) . Resident was not wearing her oxygen. When I first checked her SpO2 (oxygen saturation) was 76. Oxygen placed at 3L (liters) . During an interview on 4/8/25 at approximately 3:50 p.m., when asked about the physician order for application of supplemental oxygen for R11 OT O said she was not sure if there was a physician order for oxygen for R11. During an interview on 4/8/25 at 4:55 p.m., Senior Director of Nursing E and the NHA were asked to review R11's physician orders for the presence of a physician order for supplemental oxygen. Senior Director of Nursing E was unable to find a physician order for oxygen for R11, but said she would continue to look. During an interview on 4/9/25 at 9:11 a.m., Senior Director of Nursing E, the DON and the NHA were present. All three agreed that there was no physician order for oxygen supplementation for R11 from her admission date of 3/29/25 through 4/8/25. (continued on next page)

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	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Munising	300 West City Park Drive 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 0635 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Physician/Practitioner Orders - Consulting policy, reviewed/revised 3/20/24 revealed the following, in part: The attending physician shall authenticate orders for the care and treatment of assigned residents. 1. Consulting physician/practitioner orders are those orders provided to the facility by a physician/practitioner other than the resident's attending physician or physician/practitioner who is acting on behalf of the attending physician. A consulting physician/practitioner may include, but is not limited to, a resident's: . Ophthalmologist . nurse practitioner, clinical nurse specialist, or physician assistant to any of the above physicians . For consulting physician/practitioner orders received via telephone, the nurse will: a. Document the order on the physician order form, notating the time, date, name and title of the person providing the order, and the signature and title of the person receiving the order. b. Call the attending physician to verify the order. c. Document the verification of the order by entering the time, date, name and title of the physician/practitioner verifying the order, and the signature and title of the person receiving the verification order .d. Follow facility procedures for verbal or telephone orders including: noting the order, submitting to pharmacy, and transcribing to medication or treatment administration record .

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	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Munising	300 West City Park Drive 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** Based on observation, interview and record review, the facility failed to ensure denture care and timely incontinence care were provided for one Resident (R3) of seven residents reviewed for assistance with Activities of Daily Living (ADLs). This deficient practice resulted in R3's inability to use their dentures, per the care plan, and an extended time in a urine saturated brief. Findings include: This deficiency pertains to Complaint Intake #MI00151891, which alleged inappropriate hygiene/grooming and dental care. Review of R3's Minimum Data Set (MDS) assessment, dated 3/2/25, revealed R3 was admitted to the facility on [DATE] with active diagnoses that included the following, in part: Alzheimer's disease, non-Alzheimer's dementia, depression, visual loss, bilateral hearing loss and need for assistance with personal care. R3 had severely impaired cognition and was dependent upon staff for assistance with eating, wheelchair mobility, and incontinence care. During a telephone interview on 4/8/25 at 9:52 a.m., Complainant A reported staff did not put R3's dentures in her mouth, and noted the dentures were found, by Complainant A, in a pink denture cup on a dry, discolored piece of paper towel with white, fuzzy tendrils that appeared to be white mold covering the dentures. Complainant A stated, [R3] needs to have her teeth in every day. On 4/8/25 at approximately 10:00 a.m., photos of R3's dentures were provided by Complainant A to show the condition of the dentures found in the facility. The photos depicted the condition of the dentures described by Complainant A. On 4/8/25 at 10:15 a.m., R3 was observed sitting in a wheelchair alone at a table. The back of R3's hair appeared uncombed, and she was slumped over to the left, with her head resting on her left shoulder. The television was positioned behind the Resident, and R3's eyes remained closed. On 4/8/25 at 11:01 a.m., an unidentified staff member placed a clothing protector on R3 without speaking to the Resident. R3 continued to sit slouched over to the left in the wheelchair. On 4/8/25 at 12:12 p.m., R3 received her meal tray, and was assisted by staff during dining. On 4/8/25 at 12:40 p.m., R3 was wheeled from the dining room down to the family room by Certified Nurse Aide (CNA) J and placed in front of a television. CNA J did not speak to R3. No other staff were present in the family room. Resident was left sitting slumped over to the left in wheelchair. No incontinence check was performed. On 4/8/25 at 1:13 p.m., R3 was wheeled from the family room to their resident room by CNA G. R3 was transferred via mechanical lift into a recliner. No incontinence checks or change was performed. Observation of R3 by this Surveyor was continual between 10:15 a.m. and 1:15 p.m. On 4/8/25 at 2:28 p.m., R3 was observed sleeping in the recliner with the door open. The room was silent. CNA L provided a chair from the dining room for this Surveyor to sit in a small alcove, approximately 10 feet from R3's door for visual observation of any staff entering or leaving R3's room. No staff were observed to enter or exit R3's room between 2:28 p.m. and 4:00 p.m. (continued on next page)

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	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Munising	300 West City Park Drive 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	On 4/8/25 at 4:00 p.m., CNA G walked past this Surveyor in the hallway. CNA G was asked if R3 had been checked or changed for any incontinence needs. CNA G reported she had checked R3 at 3:45 p.m., and she was dry. When asked when R3 was last changed, CNA G said the Resident had been changed .right before lunch when we got her up . When asked if R3 had remained continent (dry and unsoiled) since 10:00 a.m. this morning, CNA G stated, No, we got her up right before lunch at 11:30 a.m. When informed R3 had been observed in the dining room from 10:15 a.m. until she was positioned in the recliner at 1:15 p.m., CNA G said she had made a mistake and now recalled she had checked R3 for incontinence at 2:45 p.m., not 3:45 p.m. CNA G was asked if we could check R3's incontinence brief and see if the Resident was still dry. On 4/8/25 at 4:05 p.m., CNA G checked R3's incontinence brief and stated, She is wet now. CNA G said staff do not document when they check the resident, only when they are wet and changed. On 4/8/25 at 4:15 p.m. CNA J and CNA G transferred R2 from the recliner to the bed for an incontinence brief change. CNA G touched R3's green sweat pants, turned to touch the seat of the recliner and confirmed that both the residents' pants and recliner were wet with urine. CNA G said sometimes the brief can get twisted, so it leaks. When R3's pants were pulled down the brief was not observed to be twisted, and R3 was incontinent of both urine and feces. On 4/8/25 at approximately 4:30 p.m., CNA G was asked if R3's dentures were in her mouth. CNA G stated. No, they are not. To be honest, when I put them in her mouth they just fall out. CNA G said R3's dentures were in her bedside table top drawer. Neither CNA G or CNA J could locate the Residents' dentures in the resident room. CNA G said she had not seen the dentures since the previous Wednesday (previous week). Review of R3's Care Plans revealed the following, in part: Resident has a dental problem related to no natural teeth. Date Initiated: 11/12/2024 . Interventions: . Encourage resident to wear dentures. Provide assistance as needed. Date Initiated: 11/12/2024. Resident has episodes of bladder and bowel incontinence related to dementia, depression, generalized weakness, impaired mobility. Date Initiated: 11/12/2024. Interventions: Assist resident with toileting needs. Date Initiated: 11/12/204. Check at regular intervals and change as needed. Date Initiated: 11/12/2024. On 4/8/25 at 4:55 p.m., the Nursing Home Administrator (NHA) and Senior Director of Nursing were asked for the location of R3's dentures. Both agreed they would have to ask staff to see where they were located. On 4/9/25 at 7:45 a.m., the NHA reported the dentures for R3 were found in the Staff Development Coordinator's (SDC's) office. When asked why the dentures were in the SDC's office, the NHA said she was unsure. (continued on next page)

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	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Munising	300 West City Park Drive 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	During an interview on 4/9/25 at 9:18 p.m., the Director of Nursing (DON) was asked what the expectation was for timing of resident incontinence checks/changes by staff. The DON said the expectation was that incontinence check/changes would be performed every two hours by facility staff. When asked about the time period of six hours (between 10:15 a.m. and 4:15 p.m.) for R3, the DON said that would be unacceptable. During this interview the Senior DON, DON and NHA all requested to see the photographs provided by Complainant A, of R3's improperly stored and cleaned dentures. Upon review of the denture photos which showed white, fuzzy tendrils, appearing to be white mold on the teeth, the DON stated, From what I saw you would not want to put them in your mouth. The Senior DON, DON, and NHA all expressed understanding of the deficiency concerns related to ADL care for R3. Review of the Activities of Daily Living (ADLs) policy, reviewed 12/28/2023, revealed the following, in part: ,A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene . The facility maintains individual objectives of the care plan through periodic review and evaluation.

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	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Munising	300 West City Park Drive 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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide meaningful activities to promote psychosocial well-being for 1 resident (R3) of 4 residents reviewed for activities. This deficient practice resulted in social isolation for R3 who had both visual and bilateral hearing loss. Findings include: This deficiency pertains to Complaint Intake #MI00151891. Review of R3's Minimum Data Set (MDS) assessment, dated 3/2/25, revealed R3 was admitted to the facility on [DATE] with active diagnoses that included the following, in part: Alzheimer's disease, non-Alzheimer's dementia, depression, visual loss, and bilateral hearing loss. R3 had severely impaired cognition and was dependent upon staff for assistance with eating, wheelchair mobility, and incontinence care. During a telephone interview on 4/8/25 at 9:52 a.m., Complainant A expressed concern that R3 was left without human interaction for long periods of time and with the Resident's blindness and hearing loss she was left to sit without any type of engagement. On 4/8/25 at 10:15 a.m., R3 was observed sitting in a wheelchair alone at a table. The back of R3's hair appeared uncombed, and she was slumped over to the left, with her head resting on her left shoulder. The television was positioned behind the Resident. On 4/8/25 at 11:01 a.m., an unidentified staff member placed a clothing protector on R3 without speaking to the Resident. R3 continued to sit slouched over to the left in the wheelchair. On 4/8/25 at 12:40 p.m., R3 was wheeled from the dining room down to the family room by Certified Nurse Aide (CNA) J and placed in front of a television. CNA J did not speak to R3. No other staff were present in the family room. Resident was left sitting slumped over to the left in wheelchair. On 4/8/25 at 1:13 p.m., R3 was wheeled from the family room to their resident room by CNA G. R3 was transferred via mechanical lift into a recliner. No television or music was playing. On 4/8/25 at 2:28 p.m., R3 was observed to be sleeping in the recliner with the door open. The room was silent. Review of R3's Care Plans revealed the following interventions: Provide escort to/from activity programs as needed. Provide periodic friendly visits for increased socialization. Provide resident with activity calendar. Resident's preferred activities are (music). All Interventions were Initiated on 12/5/24. (continued on next page)

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	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Munising	300 West City Park Drive 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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 4/9/25 at 8:20 a.m., Activity Director P was asked what activities R3 like to participate in. Activity Director P said R3 enjoyed music and talking. Activity Director P printed out documentation of activities that R3 had participated in for the last 16 days. When asked about yesterday's activities (4/8/25) Activity Director P said R3 was documented as watching television in the dining room prior to lunch. This Surveyor informed Activity Director P R3 was positioned in the dining room with her back to the television for two hours prior to lunch, and questioned if it would be difficult to watch television if you were blind as R3 was. Documentation on the 16-day report included many activities listed with the number 8. When asked what the number 8 for activities meant, Activity Director P stated, other. The Director was unable to explain what activity was described by other or who had performed the activity with the resident. Activity Director P stated, I totally understand your concern with this Resident (R3). Activity Director P said she would be talking to her staff to ensure they were actively engaging R3, and documenting interactions and activities performed. Review of the Activities policy, reviewed 10/30/2023, revealed the following, in part: It is the policy of this facility to provide an ongoing program to support residents in their choice of activities based on their comprehensive assessment, care plan, and preferences of each resident. Facility sponsored group and individual activities, and independent activities will be designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, as well as encourage both independence and interaction within the community.

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	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Munising	300 West City Park Drive 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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow physician orders for wound care for two Residents #6 and #7 of eight residents reviewed for physician orders. This deficient practice resulted in the potential for infection, possible harm to intact skin, and a delay in healing. Findings include: Resident #6 (R6) Review of the Minimum Data Set (MDS) assessment dated [DATE], revealed admission to the facility on 7/15/22, with active diagnoses that included peripheral vascular disease (a circulatory condition in which narrowed blood vessels reduce blood flow to the arms or legs) or peripheral arterial disease (a circulatory condition in which narrowed arteries reduce blood flow to the arms or legs) and heart failure. Further review of the MDS Section M revealed R6 had a venous/arterial ulcer (leg ulcer caused by impaired blood circulation). A review of Electronic Medical Record (EMR) on 4/8/25 revealed that a recommendation from a wound clinic on 9/24/24 read in part . apply primary dressing to wound .change dressing every other day. Review of EMR on 4/8/25 revealed a doctors order on 2/7/25 that read Treatment: Right Lower Extremity (RLE), if needed soak with NS (normal saline) to loosen, remove from below the knee and continue down. Gently wash with wound cleaner, pat dry. Apply shaving cream to BLE (bilateral lower extremities), soak for five minutes. Use warm H2O (water) and wash cloths to remove shaving cream. Apply Triamcinolone 1% ointment to wound bed, cover with xeroform and wrap with kerlix, secure with tape. Cover from toes to popliteal with tubigrip. and as needed for lost/soiled dressing and in the afternoon every other day for stasis ulcer. During an interview on 4/8/25 at 4:16 p.m., Licensed Practical Nurse (LPN)/Unit Manager M reported charting for wound care ordered by the physician would be in the Treatment Administration Record (TAR) in the EMR. A review of the TAR for R6 revealed that in February 2025, March 2025 and April 2025 the physician ordered treatment had not been completed on the following dates: 2/14/25, 2/20/25, 3/6/25, 3/12/25, 3/16/25 and 4/3/25. Resident #7 (R7) Review of the MDS assessment dated [DATE], revealed admission to the facility on 4/18/24, with active diagnoses that included: cancer, cirrhosis, and neurogenic bladder. Further review of Section M of the MDS revealed R7 has one stage 3 pressure ulcer (a deep, open wound that penetrates through the dermis and into the subcutaneous tissue, exposing fat), two unstageable pressure ulcers (a pressure injury where the full extent of the damage and depth is obscured), and an open lesion on a foot. (continued on next page)

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	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Munising	300 West City Park Drive 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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the TAR in the EMR on 4/8/25 revealed a doctors order for Santyl ointment 250 unit/gm (gram) Apply to sacral, left gluteal topically every day shift related to pressure ulcer of the sacral region, Stage 3 start date 3/12/25. A further review of doctors orders in the TAR revealed a treatment order: pressure, sacrum and inferior grouping. Wash with wound cleanser, pat dry. Skin prep peri-wound. Apply nickel thickness santyl over wound bed, cover with dampened sterile gauze, then dry sterile gauze and a border foam dressing everyday and PRN (when necessary) when soiled or removed. Everyday shift for skin impairment. The treatment had a start date of 3/12/25. A review of the TAR for R7 revealed in March of 2025 the physician ordered treatment had not been completed on 3/23/25 and 3/27/25. During an interview on 4/9/24 at 7:44 a.m., LPN/Unit Manager/Wound Care Nurse N acknowledged the physician ordered wound care had not been completed for R6 and R7 according to the TAR. During an interview on 4/9/25 at 9:05 a.m., the Director of Nursing (DON) acknowledged the physician ordered wound care was not completed for R6 and R7 according to the TAR. Review of facility policy titled Wound Treatment Management last reviewed/revised on 10/26/23 read in part, . To promote wound healing of various types of wounds, it is the policy of this facility to provide evidence based treatments in accordance with current standards of practice an physician orders .wound treatments will be provided in accordance with physician orders, including the cleaning method, type of dressing, and frequency of dressing change.

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	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Munising	300 West City Park Drive 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 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate foot care. R3 On 4/8/25 at 1:13 p.m., R3s' toenails were observed in the presence of CNA G. Both big toenails were observed to be very thick, yellowed, and curve/curled. CNA G agreed that it appeared the big toenails had not been cut for a significant amount of time. CNA G agreed she would not be able to cut R3s' big toenails. Review of the Nail Care policy, reviewed/revised 8/20/2024, revealed the following, in part: 1. Assessments of resident nails will be conducted on admission and readmission to determine the resident's nail condition, needs, and preferences for nail care, if possible. a. Report unusual or abnormal conditions of the nails to the physician and the responsible party (e.g., curling, color changes, separation from the nailbed, redness, bleeding, pain, odor, infection, etc), . 4. Routine nail care, to include trimming and filing, will be provided on a regular basis and as need arises. 5. Principles of nail care: a. Nails should be kept smooth to avoid skin injury. b. Only podiatrists, physician/practitioners, or licensed nurse shall trim toenails for residents with diabetes or circulation problems . Based on observation, interview, and record review the facility failed to provide nail care including toenail trimming for four Residents (#3, #8, #9 and one Confidential Resident [CR]) of four residents reviewed for nail care. This deficient practice resulted in unnecessary pain, untrimmed toenails and the potential for injury. Findings include: Confidential Resident Review of CR diagnoses included: Peripheral vascular disease, or peripheral arterial disease. R6 scored a 15 of 15 on the Brief Interview for Mental Status (BIMS) assessment reflective of intact cognition. During an interview on 4/8/25 at 9:55 a.m., CR reported the staff had trimmed her toenails about two weeks ago, but it had been almost a year since the last time her toenails had been trimmed. The nails were curved around the end of my toes, and I couldn't wear shoes anymore .when they finally cut them, it hurt my toes . when my socks even touched the end of my toes, I thought I would go right thru the ceiling . it hurt me. Resident #8 (R8) Review of R8's diagnoses included: diabetes mellitus, hypertension, and heart failure. R8 scored a 13 of 15 on the BIMS assessment reflective of intact cognition. During an observation on 4/8/24 at 11:33 a.m., R8 was sitting in the wheelchair in her room without socks or shoes on her feet. This surveyor observed that she had thick, long, and jagged toenails. When queried about her toenails being clipped, R8 reported she could not recall the last time the staff trimmed her toenails, but the staff does not cut them on the days she gets a shower. (continued on next page)

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	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Munising	300 West City Park Drive 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 0687 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #9 (R9) Review of R9's diagnoses included diabetes mellitus, paraplegia, and peripheral vascular disease or peripheral arterial disease. R9 scored a 15 of 15 on the BIMS assessment reflective of intact cognition. During an observation on 4/8/25 at 11:56 a.m., R9 was lying in her bed with her feet uncovered. This surveyor noted her toenails to be long and curled upwards. R9 was queried about when her toenails were last cut and R9 reported that her toenails do not usually get cut. During an interview on 4/8/25 at approximately 4:30 p.m. Social Services Designee F stated, if residents don't have citizens insurance, then they don't get seen for podiatry services. When asked about which residents receive Mobile Medical Podiatry, Social Services Designee F read off a list of residents who receive mobile medical podiatry. CR, R3, R8, and R9 were not on the list for Mobile Medical Podiatry. During an interview on 4/9/25 at 9:07 a.m., the Director of Nursing (DON) reported, resident's nails are supposed to be cut on the days a resident receives a shower.