

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  07/01/2025
NAME OF PROVIDER OR SUPPLIER  Medilodge of Munising		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> This deficiency pertains to MI00153258</p> <p>Based on observation, interview, and record review the facility failed to use the appropriately sized sling with the mechanical lift, and provide adequate supervision during a transfer to prevent injury for one Resident (#1) of two residents reviewed for accident/hazards. This deficient practice resulted harm when R1 incurred deep purple bruises on arms and leg, an injured toe, discomfort during transfers and risk of additional injury during transfer.</p> <p>Findings include:</p> <p>Resident #1 (R1)</p> <p>Review of the Minimum Data Set (MDS) assessment for R1, dated 6/22/25, revealed admission to the facility on [DATE], with diagnoses that included the following, in part: Debility, cardiorespiratory conditions, heart failure, peripheral vascular disease (PVD), anxiety, post traumatic stress disorder (PTSD), chronic obstructive pulmonary disease (COPD), and morbid obesity. R1 scored 13 of 15 on the Brief Interview for Mental Status (BIMS) assessment, reflective of intact cognition, and was her own responsible party. R1 was totally dependent upon staff for all transfers.</p> <p>On 7/1/25 at 11:26 a.m., observation and interviews were completed during a transfer of R1 from the bed to an electric wheelchair. Certified Nurse Aide (CNA) F, assisted by CNA G and OT A used a blue sling with green binding surrounding the whole sling attached to a [Name Brand] 450 full mechanical lift. Prior to being transferred via mechanical lift, R1 was observed in bed with frank bleeding coming from the right second toe which was wrapped in what appeared to be Kerlix. Fresh, bright red, blood droplets were visible on the bed linens and inside the Kerlix dressing. When asked how the toe was injured R1 said it happened in the shower yesterday (6/30/25). R1 said she was finished with her shower and a CNA pushed her into the door frame on the way out of the shower door. When asked who the CNA was, R1 said it was CNA F who was present in the room and confirmed she had bumped R1's toe on the way out of the shower while the Resident was in a shower chair.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>CNA F and CNA G used blue sling (green banded) (presumed to be a large sling) to lift R1 from bed using the [Name Brand] 450 full mechanical lift. R1's abdominal sides were extending out the sides of the sling, and significant pressure was observed on R1's back, and lateral arms and legs. The sling hooks attached to the 450 mechanical lift, were fastened on the hooks farthest from the sling on the bottom, and closest to the sling on the top. When asked if they routinely used the [Name Brand] 450 mechanical lift, CNA F responded affirmatively, and R1 interjected, What? You are supposed to be using the [Name Brand] 600. When the bar comes down and my arms are kind of in front of me it [Name Brand 450] pinches me.</p> <p>When asked what size lift sling was being used, CNA F said it was a large sling. When asked how she knew it was a large sling, she said she didn't know and asked OT A what size the sling was. There was one missing label from the sling, and the other label was illegible. When asked what size sling R1 should be using, all staff present in the room were unsure. The sling appeared too small for R1, as it allowed her abdominal area to extend approximately 6 inches on each side, and the green binding did make contact on her arms and legs on and/or near the deep purple bruises on her arms and legs. CNA G assisted CNA F with the transfer.</p> <p>Review of R1's Care Plans revealed the following, in part: Focus: Resident has an ADL (activities of daily living) self-care performance deficit related to cognitive impairment, obesity, arthritis, cardiac status, and resp (respiratory) status. Revision on: 2/26/24 .Interventions . BATHING: 1 person assist, prefers showers 2x per week and PRN (as needed). Revision on: 1/21/2025 . TRANSFERS: with 2 person assist AND use of mechanical total lift and XXL blue or black sling per Invacare guidelines. Ensure that the sling that is used is full square sling per resident's preference. Revision on: 5/2/25 .</p> <p>Focus: Resident is at risk for abnormal bleeding or hemorrhage related to anticoagulant therapy, aspirin therapy. Date Initiated: 3/14/24 . Interventions: Observe for and report to MD (physician) as needed any signs &amp; symptoms of abnormal bleeding . bruising . Report to Nurse any signs or symptoms of bleeding, such as . bruising, bleeding gums, excessive bleeding when shaving. Revision on: 12/19/24.</p> <p>Review of an Other Skin Injury incident report, dated 6/29/25 at 11:30 a.m., revealed the following Incident Description: Resident stated she wanted me to look at something, she showed me a deep purple large bruise to left inner upper arm, also one to right upper front leg, bruise to thigh area matched up with sling to the lift. Resident stated she believes the arm bruise is also related to the (mechanical lift) sling . Predisposing environmental Factors: Equipment . Predisposing Situation Factors : During Transfer . Resident states she believes bruising may be coming from the sling for the lift when being placed in wheelchair .</p> <p>Review of R1's Progress Notes, revealed the following, in part:</p> <p>5/1/25 3:08 p.m., .while staff were trying to transfer resident from power chair into bed using the Hoyer lift, they were using the wrong sling with only 3 hooks on it and during transfer, her knee was smashed against the lift handle causing her pain .</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>5/2/25 1:10 p.m., .Resident expressed concerns about use of incorrect sling used to transfer resident to and from her wheelchair which caused increased pain to legs and side . Informed resident that staff would be educated to use square styled lift slings with resident at this time, Care plan updated to include specific style of sling to use with resident and communication placed at this time .</p> <p>6/29/25 1:00 p.m., Asked by resident to look at her left upper arm, I noted a deep purple older bruise, no broken skin, no hematoma . she (R1) stated that she things it was either the sling to the mechanical lift or possibly when she went to the emergency room . While doing skin sweep, I also noticed another bruise to right upper thigh, the shape of the bruise matched up with the sling used to lift her .</p> <p>6/29/25 5:00 p.m., A therapy referral is required for the following reasons .potential sling is causing pinching of skin and bruising .</p> <p>6/29/25 7:00 p.m., Spoke with [Physician] and update given on new bruises, discussed with him that we thought sling was potential cause .</p> <p>6/30/25 8:43 a.m., Bruising found to left upper, inner arm and on right side under abdominal skin fold. Resident (R1) stated that it's from the lift sling.</p> <p>6/30/25 2:52 p.m., New wound orders entered for second toe, right foot.</p> <p>7/1/25 1:27 p.m., Spoke with on call provider that confirmed he was notified about the injury. Treatment started 6/30/25. Resident noted with skin tear on the right second toe.</p> <p>During an interview on 7/1/25 at 1:05 p.m., RN H said there was no note related to R1's second toe on the right foot and the injury incurred in the shower chair. No Risk Management note was found by RN H at this time.</p> <p>During an interview on 7/1/25 at 1:45 p.m., Physical Therapy Assistant (PTA) J was asked to accompany this Surveyor to the mechanical lift sling storage area. Many of the green bound, blue slings had illegible or missing instructions. No instructions for assessing the correct sling size for residents was present in the storage room.</p> <p>During an interview on 7/1/25 at approximately 1:55 p.m., the Regional Director of Clinical Services K, Nursing Home Administrator (NHA), and Regional Consultant M were asked what mechanical lift and sling size should be used for a full-body lift for R1. Regional staff K and M both agreed an XXL sling with blue or black outer binding should be used with the [Name Brand] 600 mechanical lift. Discussed concern related to the use of the [Name Brand] 450 mechanical lift (that day 7/1/25) with a green bound sling, both Regional staff K and M expressed disbelief of this Surveyor's observations. Surveyor Notes compiled during the course of the survey were reviewed, and correctly identified the green bound sling, and the small [Name Brand] 450 were used for the transfer. Regional Director of Clinical Services K and Regional Consultant M said CNA F had verbally confirmed used of the [Name Brand] 600 and a blue or black bound sling. Both Regional staff K and M left the room to attempt to ascertain what sling was used. Regional staff K and M returned and acknowledged a green bound sling was still present underneath the resident, contrary to the verbal education of CNA F and care plan interventions present for R1's mechanical transfers.</p> <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>When asked for an incident report related to R1's second right toe injury due to staff error, Regional Director of Clinical Services K reviewed R1's Electronic Medical Record (EMR) and said no incident report was found. A progress note was found detailing the injury, without details at 1:27 p.m. today (7/1/25), entered by Registered Nurse (RN) H. RN H was made aware of the incident/injury to R1 on 6/30/25 by this Surveyor on 7/1/25 at 1:05 p.m., prior to her progress note entry.</p> <p>All Regional Staff K, L, and M, and the Interim NHA and new NHA expressed understanding of this Surveyors deficiency concerns related to accidents and hazards related to transfers using an incorrect sling size and mechanical lift.</p> <p>Review of the Safe Lifting and Movement of Residents policy, revised 1/1/2022, revealed the following, in part: A sufficient number of slings, in the sizes required by residents in need, will be available at all times . The transferring needs of residents shall be assessed on an ongoing basis. Resident transferring and lifting needs shall be documented in the care plan. Assessment of the residents' transferring needs shall include:</p> <p>A. Mobility of the resident (degree of dependency)</p> <p>B. Size of the resident</p> <p>C. Weight-bearing ability</p> <p>D. Cognitive status</p> <p>The Quality Assessment and Assurance Committee shall collect and evaluate data related to the frequency and types of injuries that occur during resident lifting and moving .</p> <p>Review of[Brand Name] Slings Optimal fit &amp; Optima comfort brochure, dated 7/2023, revealed the following Selecting the right size information: Hip width and back height measured in the sitting position are the most important factors to select the right sling size .The client's weight needs to be considered mainly for the sling's maximum safe working load. It's inferior to indicate the right sling size . Sling colors on the brochure designated the following sizes: Red/XS, Orange/S, Yellow/M, Blue/L, Black/XL, and White/XXL. No slings bound with a green edge were referenced in this 2023 brochure.</p>		