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	01/07/2026

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 0609 Level of Harm - Actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the failed to fully implement and operationalize its Abuse Program Policy and Procedure and immediately report to the State Agency allegations and actual resident to resident abuse for 9 Residents (Residents #4, #10, #52, #55, #R63, #100, #101, #102, & #103) from 13 residents reviewed for abuse, resulting in Resident #4 being involved in multiple incidents of resident to resident abuse, the potential for continued abuse and falls with major injury in the facility to go unrecognized, and Resident #4 grabbing on to the wrist of Resident #102, causing pain, fear and increased anxiety.Findings include:Resident #4 (R4)Review of an admission Record revealed R4, was originally admitted to the facility on [DATE] with pertinent diagnoses which included: Dementia.Review of a Minimum Data Set (MDS) assessment for R4, with a reference date of 12/27/25 revealed a Brief Interview for Mental Status (BIMS) score of 00/15 which indicated R4 was cognitively impaired.Further review of R4's MDS assessment dated [DATE] read in part: Behavioral Symptoms E0200. Behavioral Symptom - Presence & Frequency Note presence of symptoms and their frequency.MDS-12/27/25- R4 was coded 1 for this section. A. Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually)MDS-12/27/25- R4 was coded 1 for this section. B. Verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others)MDS-12/27/25- R4 was coded 1 for this section. C. Other behavioral symptoms not directed toward others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds) .Further review of R4's MDS quarterly assessments dated 5/7/25, 8/7/25 and 11/5/25 read in part: (MDS Coding: 2 Behavior of this type occurred 4 to 6 days, but less than daily)R4 was coded 2 for this section. A. Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually)R4 was coded 2 for this section. B. Verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others)R4 was coded 2 for this section. C. Other behavioral symptoms not directed toward others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds) .Review of a Nurse's Note dated 10/19/2025 16:30 read in part: Nurses' Notes Text: (R4) was in the hallway, and another resident was in their wheelchair, and he grabbed her arm. (non-sampled female resident #102 name of resident omitted). he raised his fist at her and then at me and said, Fuck you (Facility NHA-DON and RCD AA-made aware of this incident by this surveyor and R102 was identified at 01/07/2026 5:20 PM).Review of R4s Pertinent Charting-Note read in part 5/18/2025 15:19 Text: Behavior (R4) Attempted to kick a cup out of a blind residents' hands then tried to kick him in the head .In an interview on 01/06/2026 2:02 PM., Registered Nurse (RN) A reported R4 was very aggressive with both staff and residents in the facility. RN A reported R4 has had multiple physical altercations as well as daily verbal altercations with just about any resident in his way RN A reported R4 has injured both residents (male and female) as well (continued on next page)

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

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	01/07/2026

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 0609 Level of Harm - Actual harm Residents Affected - Few	as staff members. RN A reported she was unaware if any of the incidents have been reported to the State Agency (SA) or investigated further than a nursing/behavioral note. RN A reported R4 should not be left unattended around other residents and should always have 2 staff when assisting with cares.Review of R4s Pertinent Charting read in part: 5/26/2025 12:54 Pertinent Charting-Behavior Note Text: resident was very obsessive with the letter on residents GR door - resident would stop others in hallway and shout read read read this letter !!!.Review of a Nurse's Note dated 7/3/2025 17:01 read in part: Note Text: resident (R4) was in a verbal altercation with another resident. On 1/6/26 at 4:13 PM., requested incident accident reports, facility reported incidents (FRI's-State Agency reports from Nursing Home Administrator (NHA), Director of Nursing (DON)-both NHA and DON reported they are new to the facility in their roles, and they would attempt to retrieve any and all information regarding R4's incidents and all other resident to resident altercations/incidents for Residents #4, #10, #52, #55, #R63, #100, #101, #102, & #103. This surveyor informed NHA/DON we would review the documentation on 1/7/26. Review of a Nurse's Note read in part: 10/5/2025 19:25 Nurses' Notes Note Text: (R4) was found in dining room by another resident family, I was notified that resident had blood on face. I walked in to dining room seeing resident (non-sampled male resident-#100-name of resident omitted) on left side of dining room at table. (non-sampled male resident-#101 name of resident omitted) in the middle of dining room and (R4) at the middle back table with blood coming from his forehead. There were potato chips and an empty bowl on the floor, as well as fruit punch on the floor and tablecloth, the fruit punch cup was at (R4's) feet. There was an empty coffee cup on the floor with coffee spilt on (R4) and the chair in front of him. (R4) laceration was cleaned up . (Facility NHA-DON and RCD AA-made aware of this incident by this surveyor and R100, #101 were identified at 01/07/2026 5:20 PM).Review of a R4's Nurse's Note dated read in part: 10/19/2025 00:20 Nurses' Note Text: (R4) attempted to enter another resident's room and became aggressive when told to leave. I stepped in between the residents and R4 became aggressive with me. CNA) brought him a snack to try and de-escalate, and he hit her in the face. (R4) then started becoming verbal with a different resident (unknown-non-sampled resident) . R4 started throwing his wheelchair, shoes, cups and spitting. I can see he has two skin tears one on each arm which we put bandages on. Review of a Nurse's Note dated 10/19/2025 16:30 read in part: Nurses' Notes Text: (R4) was in the hallway, and another resident was in their wheelchair, and he grabbed her arm. (non-sampled female resident #102 name of resident omitted). he raised his fist at her and then at me and said, Fuck you (Facility NHA-DON and RCD AA-made aware of this incident by this surveyor and R102 was identified at 01/07/2026 5:20 PM).In an interview on 1/06/2026 at 5:27 PM., RN B stated I don't recall the actual events, it seems so long ago, (R4) is always getting into some sort of altercation, either with another resident or staff members . RN B reported she did not do an incident report or report the incident to the Abuse Coordinator at the time of the incident. RN B stated our policy and reporting guidelines are to report any and all allegations/alleged abuse immediately to our abuse coordinator . RN B reported she did not follow protocol.Review of a Nurse's Note dated 11/3/2025 05:51 read in part: (R4) entered another resident's (unknown resident #103) room through the bathroom because, they were being loud and yelling out all night. (R4) stated he wanted to beat his ass if he didn't shut up. (Facility NHA-DON and RCD AA-made aware of this incident by this surveyor and R102 was identified at 01/07/2026 5:20 PM).Resident #10 (R10)Review of an admission Record revealed R10, was originally admitted to the facility on [DATE] with pertinent diagnoses which included: AmputationReview of a Minimum Data Set (MDS) assessment for R10, with a reference date of 11/14/25 revealed a Brief Interview for Mental Status (BIMS) score of 15/15 which indicated R10 was cognitively intact. In an interview on 01/05/2026 2:34 PM R10 reported dementia and behavioral residents have come into his room without his permission. R10 reported recently a resident who paces up and down the hall yelling and spitting at other residents and at times threating other residents that he will punch them in the face had come into his room while his roommate was gone. R10 reported that the resident came in, sat down on his room-mates bed, and ate his (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	01/07/2026

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 0609 Level of Harm - Actual harm Residents Affected - Few	room-mates lunch because the lunch tray had just been [NAME] in. R10 reported he did not say anything to the resident because he doesn't get around quickly because he is an amputee. R10 reported he needs a lot of staff assistance so he was fearful if he said anything that the unknown male resident might lash out at him. R10 reported he just ate lunch, laid in bed for a while and then got up and left the room. R10 reports he feels unsafe and fearful at times when there are not enough staff, especially on nights and weekends, and that is around the time the residents who have increased behavior seem to start acting out, wandering into other resident rooms and trying to get out of the building. Resident #55 (R55)Review of an admission Record revealed R55, was originally admitted to the facility on [DATE] with pertinent diagnoses which included: history of falling.Review of a Minimum Data Set (MDS) assessment for R55 with a reference date of 10/06/2025 revealed a Brief Interview for Mental Status (BIMS) score of 11/15 which indicated R55 had mild cognitive impairment. In an observation/interview on 1/05/2026 at 11:35 AM, R55's room door was shut completely. This surveyor knocked and heard a voice asking who was there. This surveyor presented oneself and was granted permission to enter R55's room with R55 sitting upright in his bed eating his lunch. R55 reported he keeps his door shut because of the aggressive residents who wander into his room, other resident rooms and their bathrooms. R55 reported there are a lot of residents who are always pacing up and down the halls which bothers him. R55 reported at times the residents who pace up and down the hall yell out so loud, hit at each other, and will randomly grab other residents clothing, arms or push them in their wheelchairs. R55 reported the resident in the next room over leaving his TV on so loud, he can barely hear myself think which was he kept his door closed. R55 stated I hate to say it, but I get upset, I am pissed and frustrated that there are not enough staff to keep a closer eye on aggressive residents. R55 reported he fears for the little older ladies who care barely protect themselves In an interview on 1/5/26 at 1:22 PM., Certified Nurse Aide (CNA) V reported R4, R52 and R63 all are well known for having very aggressive behaviors towards one another, other residents including female residents. CNA V reported there have been all out brawls with some of the ambulatory/semi-ambulatory (residents who can walk) resident especially during common activities, or mealtimes. CNA V reported we have to keep our heads on a swivel around here because one minute everything is fine and the next 2-4 resident are in a screaming or punching match over a cup of pudding. CNA V reported any incidents of resident-to-resident altercations should be reported to the NHA, but she (CNA V) reported recently there has been a change over in management and prior to the new management any concerns or issues staff or residents had, landed on deaf ears. CNA V reported hopefully things will get better, and more staff will be able to help on the units especially during busy times like shift changes, meals and activities. Resident #63 (R63)Review of an admission Record revealed R63, was originally admitted to the facility on [DATE] with pertinent diagnoses which included: heart disease.Review of a Minimum Data Set (MDS) assessment for R63, with a reference date of 11/14/24 revealed a Brief Interview for Mental Status (BIMS) score of 11/15 which indicated R63 was cognitively impaired.Review of R63's Care Plan with a revision date of 5/8/25 read in part: Resident has history (hx) of behaviors evidenced by: TARGET BEHAVIOR 1: Verbal Aggression EX: Cussing/inappropriate statements towards others .Review of R63's Nurses Notes read in part: Effective Date: 07/03/2025 17:03 Type: Nurses' Notes Note Text : resident was in a verbal altercation with another resident . (Facility NHA-DON and RCD AA-made aware of this incident by this surveyor and no incident reports, and or FRIs, facility investigations were made available to this surveyor, nor was the other resident involved known).Resident #52Review of an admission Record revealed R52, was originally admitted to the facility on [DATE] with pertinent diagnoses which included: Dementia.Review of a Minimum Data Set (MDS) assessment for R52, with a reference date of 9/30/25 revealed a Brief Interview for Mental Status (BIMS) score of 03/15 which indicated R52 was cognitively impaired.Review of a R52's Pertinent Charting-Behavior Note read in part: Event date: 7/12/2025 21:35 resident has been going in and out of other residents' rooms; he started shouting and being very rude. Resident also had angry eyes staring at staff; very unlike (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	01/07/2026

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 0609 Level of Harm - Actual harm Residents Affected - Few	him.Review of a R52's Pertinent Charting-Behavior Note read in part: 7/22/202514:40 Resident yelling back at other residents Resident is very agitated at constant hollering out. Writer was able to redirect after several minutes.In an interview on 1/7/26 at 3:44 PM., LPN Z reported R4, R63, and R52 all are known to have very aggressive behaviors. LPN Z reported the facility was short staffed and it was challenging to keep an eye on all of the residents with known aggressive behaviors such as physical, verbal, spitting, yelling out one another and it makes it very difficult to re-direct some of the many residents who have these behaviors because many of them can get around the facility quite well. LPN Z reported she hears a lot of resident-to-resident altercations that happen, and staff are supposed to fill out incident report and report all allegation of abuse to the NHA who is the abuse coordinator. LPN Z reported she does not think that happens enough because of the time constraints on staff.In an interview on 1/7/26 at 5:20 PM., DON reported R4 had been very aggressive with other residents and staff, at this time she (NHA, DON, and RCD AA) are looking for any Incident Reports or FRI's reported to the State Agency. RCD AA reported it does not appear that the previous NHA and DON completed incident reports, state agency reports, and facility investigations for R4 and/or any other residents showing up in R4s EMR-Progress/Behavioral notes. NHA reported they would continue to investigate this matter, as well as reach out to their corporate oversight to find any information they may have to assist this surveyor with the lack of information on resident-to-resident altercations going on in the facility.Review of a Facility Policy-Abuse, Neglect and Exploitation-with a revision date of 1/10/24 read in part: It is the policy of this facility to provide protections for the health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation, and misappropriation of resident property.Definitions:. Abuse means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish, which can include staff to resident abuse and certain resident to resident altercations. Abuse also includes deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain, or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology . Prevention of Abuse, Neglect and Exploitation The facility will implement policies and procedures to prevent and prohibit all types of abuse, neglect, and misappropriation of resident property. and exploitation that achieves: A. Establishing a safe environment that supports, to the extent possible, a resident's consensual sexual relationship and by establishing policies and protocols for preventing sexual abuse. This may include identifying when, how, and by whom determinations of capacity to consent to a sexual contact will be made and where this documentation will be recorded; and the resident's right to establish a relationship with another individual, which may include the development of or the presence of an ongoing sexually intimate relationship. B. Identifying, correcting, and intervening in situations in which abuse, neglect, exploitation, and/or misappropriation of resident property is more likely to occur with the deployment of trained and qualified, registered, licensed, and certified staff on each shift in sufficient numbers to meet the needs of the residents. Identification of Abuse, Neglect and Exploitation.A. The facility will have written procedures to assist staff in identifying the different types of abuse - mental/verbal abuse, sexual abuse, physical abuse, and the deprivation by an individual of goods and services. This includes staff to resident abuse and certain resident to resident altercations.B. Possible indicators of abuse include, but are not limited to:1. Resident, staff, or family report of abuse2. Physical marks such as bruises or patterned appearances such as a handprint, belt, or ring mark on a resident's body3. Physical injury of a resident, of unknown source4. Resident reports of theft of property, or missing property'5. Verbal abuse of a resident overheard6. Physical abuse of a resident observed7. Psychological abuse of a resident observed8. Failure to provide care needs such as comfort, safety, and feeding. bathing, dressing, turning & positioning9. Evidence of photographs or videos of a resident that are demeaning or humiliating in (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	01/07/2026

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 0609 Level of Harm - Actual harm Residents Affected - Few	nature, regardless of whether the resident provided consent and regardless of the resident's cognitive status.10. Sudden or unexplained changes in behaviors and/or activities such as fear of a person or place, or feelings of guilt or shame.Investigation of Alleged Abuse, Neglect and ExploitationA. An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur.B. Written procedures for investigations include:1. Identifying staff responsible for the investigation.2. Exercising caution in handling evidence that could be used in a criminal investigation (e.g., not tampering or destroying evidence).3. Investigating different types of alleged violations.4. Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegations.5. Focusing the investigation on determining if abuse, neglect, exploitation, and/or mistreatment has occurred, the extent, and cause; and6. Providing complete and thorough documentation of the investigation.Identification of Abuse, Neglect and ExploitationA. The facility will have written procedures to assist staff in identifying the different types of abuse - mental/verbal abuse, sexual abuse, physical abuse, and the deprivation by an individual of goods and services. This includes staff to resident abuse and certain resident to resident altercations.B. Possible indicators of abuse include, but are not limited to:1. Resident, staff, or family report of abuse2. Physical marks such as bruises or patterned appearances such as a handprint, belt, or ring mark on a resident's body3. Physical injury of a resident, of unknown source4. Resident reports of theft of property, or missing property5. Verbal abuse of a resident overheard6. Physical abuse of a resident observed7. Psychological abuse of a resident observed8. Failure to provide care needs such as comfort, safety, feeding, bathing, dressing, turning & positioning9. Evidence of photographs or videos of a resident that are demeaning or humiliating in nature, regardless of whether the resident provided consent and regardless of the resident's cognitive status.10. Sudden or unexplained changes in behaviors and/or activities such as fear of a person or place, or feelings of guilt or shame.Investigation of Alleged Abuse, Neglect and ExploitationA. An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur.B. Written procedures for investigations include:1. Identifying staff responsible for the investigation. 2. Exercising caution in handling evidence that could be used in a criminal investigation (e.g., not tampering or destroying evidence).3. Investigating different types of alleged violations.4. Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegations.

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	01/07/2026

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to maintain sufficient nursing staff to provide nursing and related services to meet resident needs for 1 (Resident #55) of 18 residents reviewed for staffing, and 6 of 10 residents from a confidential group interview reviewed for call light wait times, nursing care, staffing, and quality of care resulting in feelings of frustration, unmet resident needs and the potential for harm with negative physical, mental and psychosocial outcomes.Findings include:Review of the facility Mandatory Submission of Staffing Information Payroll Based Journal (PBJ) Staffing Data Report revealed the facility was triggered for Low weekend staffing for the 4th quarter of 2025. This information was retrieved from the Centers for Medicare & Medicaid Services (CMS) facility [NAME] report during off-site preparation for the facility Annual Recertification. Resident #55 Review of an admission Record revealed R55, was originally admitted to the facility on [DATE] with pertinent diagnoses which included: history of falling. Review of a Minimum Data Set (MDS) assessment for R55 with a reference date of 10/06/2025 revealed a Brief Interview for Mental Status (BIMS) score of 11/15 which indicated R55 had mild cognitive impairment. In an interview on 1/05/2026 at 11:35 AM., R55 reported the staff are very nice here, but it takes them a very long time to answer the call lights. R55 reported on night shifts and weekends it takes about 30 minutes or longer. R55 reported he keeps his door shut a lot because the staff are so busy, and the number of other residents who wander into his room and are pacing up and down the halls bother him. R55 reported that sometimes the staff will come in and ask what he needs, turn the call-light off and say they will be back, but they don't come back. R55 reported he almost missed a dental appointment in a town that is over an hour away because they didn't have enough staff to bring him, and the transportation van was broke down. R55 stated they don't follow up with any concerns, my next-door neighbor leaves his TV on so loud, I can't hear myself think that is why I keep my door shut. I hate to say it, but I get upset, I am pissed and frustrated. Back in December they didn't have a driver that day, my son had to take off work, and it took him over 5 hours total round trip plus the time it took to sit with me and make sure I made the appointment and back here. In an interview on 1/5/26 at 1:22 PM., Certified Nurse Aide (CNA) V reported staffing can be challenging especially on weekends. CNA V reported staff call in, and we do not use agency staff. CNA V reported R55 did have a dental appointment and his family member picked him up because the transportation vehicle was not running that week. In an interview on 1/7/26 at 4:26 PM., Licensed Practical Nurse/Scheduler (LPN) K reported the facility has times where the staffing is short, and weekends can be challenging. LPN K reported currently the facility is holding hiring fairs in the community to try and recruit more staff. LPN K reported at this time the facility needs the following open positions filled: Fulltime (FT) Nurses 12-hour shifts - (3) 2 for night shifts, and 1 for day shift. – CNA's (FT) (4) 3 for day shift, 1 for night shift LPN K reported at this time we hire a qualified nurse or CNA to fill the gaps. LPN K reported Unit Managers (UM), Director of Nursing (DON) and other qualitied staff are filling the gaps especially over the last month or so with bad weather, and the holidays. (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	01/07/2026

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During a confidential group interview on 1/6/26 at 1:30 p.m., (Confidential Resident #5) CR#5 stated, They do not have enough staff. CR#2 reported I wait twenty minutes and up to an hour for help.My old roommate had to wait for thirty minutes when her poop bag (colostomy bag which is a pouch that collects stool and gas from the body) came off and there was poop everywhere.they are short of staff on the weekend and weekdays. CR#8 reported The staff have been short for a long time but the last several weeks with the holidays have been really bad. CR#4 reported It really doesn't matter whether it is the weekend or weekday, they don't have enough staff to help us. During and interview on 1/7/26 at 6:38 a.m., Certified Nurse Aide (CNA) R reported, Staffing is bad during the week and weekend.I have worked where there is only one person per hall. During a follow-up interview at 11:34 a.m., CNA R reported The residents yell out so much and there are so many lights going off that there is just not enough of us to take care of them.some of the residents get neglected because we just can't take care of them. Some of the residents need two of us to take care of them and there is only one of us down each hall.many staff leave because they are so burned out from working short so much.

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	01/07/2026

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 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure meals and snacks are served at times in accordance with resident?s needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. Based on interview and record review, the facility failed to ensure evening snacks were offered for six of eight Residents in a confidential group meeting. Findings include: During a confidential resident group interview on 1/6/26 at 1:30 p.m., one of the confidential residents stated, Sometimes we don't get our snacks at night . another confidential resident reported, The staff tell us they don't have any snacks to give us if we ask for something. FOur additional confidential residents agreed snacks were not provided for them at night when they are requested.During an interview on 1/7/25 at 6:34 a.m., Certified Nurse Aide (CNA) S reported We sometimes don't have any snacks or food at night for the residents. we would like to give them something to eat but there isn't anything.there are many nights the residents can't have anything to eat during the late evening or night.During an interview on 1/7/26 at 2:43 p.m., Nursing Home Administrator (NHA) acknowledged the importance of having snacks for the residents and was unaware of the absence of snacks for the residents.Review of policy titled Frequency of Meals last reviewed/revised 7/1/25, read in part .For those residents who desire to eat at non-traditional times or outside of scheduled meals service times.snacks will be provided.nutritious snacks and convenience foods.shall be available.

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	01/07/2026

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 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. Based on observation, interview, and record review, the facility failed to prepare food in accordance with professional standards for food service safety, resulting in the potential to spread food borne illness among all residents that consume food from the kitchen.Findings include:On 1/5/2026 10:45 AM, while on a kitchen tour with Dietary Manager (DM), F, kitchen staff H was observed taking an uncovered drink from a small counter space next to the office where employees store personal food and drinks and going to the prep table with the uncovered drink. When asked, kitchen staff H stated it was his drink. DM F had him put a lid on the drink.According to the 2022 FDA Food Code section 2-401.11 Eating, Drinking, or Using TOBACCO PRODUCTS.(B) A FOOD EMPLOYEE may drink from a closed BEVERAGE container if the container is handled to prevent contamination of: (1) The EMPLOYEE'S hands; (2) The container; and (3) Exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES. On 1/5/2026 at 11:35 AM, observed kitchen staff H, adjust his beard net with his bare hands and then go to the stove and use a utensil to stir a food item being cooked in a stock pot. No handwashing was observed after touching the beard net before using the utensil to stir the food item. 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:,. and (I) After engaging in other activities that contaminate the hands. A review of facility policies shows that employees are required to wash their hands any time their hands become contaminated and before touching food and clean utensils. On 1/5/2026 at 2:50 PM, a slicer was observed covered with a clear plastic bag. When asked what the purpose of the plastic bag on the slicer was for, DM F stated this meant it had been cleaned. The slicer was observed with some food debris under the blade and on the casing.On 1/5/2026 at 3:15 PM, the can opener bracket that holds the handheld crank table-top can opener was noted with a buildup of food debris. At the time of this observation DM F stated the can opener itself is sent through the dish machine each time it is used. According to the 2022 FDA Food Code section 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch.On 1/5/2026 at 3:20 PM, two rubber spatulas were observed dried out and degraded with flakes of rubber missing and were visibly noted to be no longer smooth, durable or easily cleanable.According to the 2022 FDA Food Code section 4-202.11 Food-Contact Surfaces (A) Multiuse FOOD-CONTACT SURFACES shall be: (1) Smooth; Pf (2) Free of breaks, open seams, cracks, chips, inclusions, pits, and similar imperfections; PfOn 1/5/2026 at 3:25 PM, the floor around the drain lines under the two-bin vegetable wash sink were observed with a buildup of food debris. The floor under the cooking range line along the wall also had observed buildup of food debris. The cove base molding behind the range on the cook line was peeled away from the wall and was very soiled with food debris build up.According to the 2022 FDA Food Code section 6-501.12 Cleaning, Frequency and Restrictions. (A)PHYSICAL FACILITIES shall be cleaned as often as necessary to keep them clean.

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	01/07/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to safely transport linen, review and update infection control policies annually, and ensure infection prevention and control practices were implemented for two Residents (#3 and #51) of 5 residents reviewed for infection prevention and control. This deficient practice resulted in the potential for the transmission of pathogens between residents and the spread of infectious organisms to all 74 residents in the facility. Findings include:Resident #3 (R3)R3 was admitted to the facility 4/21/25 with a primary diagnosis of Alzheimer's Disease. R3 had a urinary catheter due to retention of urine.On 1/7/26 at 7:44 AM, Resident #3 (R3) was observed in a wheelchair in the hallway. A urinary catheter drainage bag was partially connected to the bottom of the seat of the wheelchair; the other portion of the drainage bag and the drainage tubing were on the floor.Certified Nurse Aide (CNA) BB approached R3 and started propelling his wheelchair down the hallway. CNA BB stopped after approximately 10 feet and said, What is dragging? CNA BB looked under the wheelchair of R3 and noted the catheter drainage bag and tubing on the floor. CNA BB reached under the wheelchair with bare, uncleansed hands and picked up the catheter tubing and drainage bag. CNA BB secured the drainage bag under the seat of the wheelchair and positioned the tubing to keep the drainage bag and tubing off the floor. CNA BB did not perform hand hygiene after touching the drainage bag and tubing. After securing the drainage bag and tubing, CNA BB placed her uncleansed hands on the handles of R3's wheelchair and propelled him down the hall and into the dining room. Licensed Practical Nurse (LPN) CC was behind CNA BB in the hallway and observed CNA BB throughout the interaction with R3's drainage bag and tubing. LPN CC did not provide instruction or direction to CNA BB on hand hygiene or donning gloves.LPN CC was interviewed on 1/7/26 at 7:57 AM. LPN CC said she was a nurse manager. LPN CC admitted she observed CNA BB touching the urinary catheter tubing and drainage bag of R3 with her bare hands. LPN CC said catheter drainage bags and tubing are not to touch or drag on the floor. When asked what CNA BB should have done differently, LPN CC said CNA BB should have performed hand hygiene and put on gloves prior to touching the drainage bag and catheter tubing. LPN CC said after the task was completed, CNA BB should have removed her gloves and performed hand hygiene before touching the handles of R3's wheelchair and assisting him to the dining room.Resident #51 (R51)R51 was admitted to the facility 1/25/23 with a primary diagnosis of Diabetes. R51 had a urinary catheter for urinary retention. R51 had a stage 3 pressure injury (Full-thickness loss of skin, in which subcutaneous fat may be visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible but does not obscure the depth of tissue loss) on her right heel.On 1/7/26 at 8:05 AM, Registered Nurse (RN) C was preparing supplies to change the dressing on R51's heel and said she was waiting for towels. LPN O was observed walking down the hall with towels folded in his arm and held against his uniform. LPN O went to the treatment cart where RN C had prepared dressing supplies and placed the towels that had been held against his uniform on top of the cart next to the supplies.RN C told LPN O she had everything ready to complete the dressing change for R51. LPN O picked up the towels from the top of the treatment cart and placed them back against his uniform as he walked into R51's room. LPN O spread out the towels on the overbed table at the foot of R51's bed to use as a barrier for the dressing change supplies brought in by RN C.After the dressing supplies were set on the barrier, LPN O put on a pair of gloves without first performing hand hygiene. LPN O put on a gown but did not tie the gown behind him. The gown was equipped with ties at the neck and waist to secure the gown after being donned.LPN O assisted R51 to transfer from her wheelchair into her bed. After the transfer, LPN O bent over to remove the catheter drainage bag from the wheelchair of R51 and secure it to the bedframe of the bed. During the relocation of the drainage bag, the gown LPN O was wearing began sliding forward from his body due to not being secured and tied behind him. LPN O pushed the gown up into place wearing the same gloves used to touch the catheter drainage bag. LPN O moved toward the foot of the bed where the dressing change (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	01/07/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	supplies were located on the overbed table and began arranging the supplies wearing the same pair of gloves he had used to move the drainage bag and reposition his gown.The Infection Preventionist (IP) was interviewed in the presence of the Director of Nursing (DON) on 1/7/26 at 3:02 PM. The IP said staff were educated on the appropriate method of donning and doffing personal protective equipment (PPE). When asked about wearing gowns, the IP said staff are expected to secure gowns at the neck and waist using the provided ties on the gown. When asked about transporting linen, the IP said staff should never hold clean towels up against their uniforms due to the risk of contamination and the potential spread of infectious organisms. When asked about infection control practices after touching a catheter drainage bag, The IP said staff are expected to perform hand hygiene before putting on gloves and touching the drainage bag. The IP said gloves should be removed and hand hygiene should be performed immediately after touching a drainage bag. When asked about staff repositioning catheter tubing or drainage bags with bare hands, the IP said it is never acceptable to touch catheters, catheter tubing, or drainage bags with bare hands. When asked the last time infection prevention and control policies had been reviewed or updated, the IP said he wasn't sure, but the date would be on each policy. When asked the frequency of policy reviews or revisions, the IP said he did not know.The policy Hand Hygiene dated as reviewed/revised 12/13/2023 documented, in part: .All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility. 1. Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice. 2. Hand hygiene is indicated and will be performed under the conditions listed in, but not limited to, the attached hand hygiene table.The policy Hand Hygiene contained an attached hand hygiene table indicating conditions under which staff are expected to utilize soap and water versus alcohol-based hand rub (ABHR). The table indicated ABHR should be utilized under the condition: After handling items potentially contaminated with blood, body fluids, secretions, or excretions.after handling contaminated objects.Before applying and after removing personal protective equipment (PPE), including gloves. Before performing resident care procedures.Before and after handling clean or soiled dressings, linens, etc.The following infection prevention and control policies were not dated as reviewed or revised annually: Hand Hygiene dated with reviewed/revised date of 12/13/2023 Enhanced Barrier Precautions (EBP) dated with reviewed/revised date of 3/26/2024 Influenza Vaccination dated with reviewed/revised date of 10/26/2023 Pneumococcal Vaccine (Series) dated with reviewed/revised date of 10/30/2023 Personal Protective Equipment dated with reviewed/revised date of 12/7/2023 Antibiotic Stewardship Program dated with reviewed/revised date of 12/13/2023 Infection Surveillance dated with reviewed/revised date of 10/26/2023During Quality Assurance review with the Administrator (NHA) on 1/7/26 at 3:38 PM, the NHA said the policies provided were the most recent policies and had not been reviewed or updated since the date on the policies.

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	01/07/2026

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to maintain general cleanliness and repair of the premises and proper storage of clean and sanitary supplies, resulting in an increased potential for contamination and a possible decrease in satisfaction of living affecting all residents in the facility.Findings Include:On 1/5/2026 at 9:10 AM, paint was observed peeled off from the wall in room [ROOM NUMBER] behind the bed of the resident. The section was approximately one and a half feet wide by 3 feet high. The baseboard heat cover in this room was also observed to have paint loss in several places.On 1/5/2026 at 11:12 AM, observation of the exterior back door in the maintenance hall showed the door-sweep on the bottom of the exterior door is damaged and daylight is visible below part of the door.On 1/5/2026 at 3:25 PM, the floor under the vegetable wash 2 bin sink was observed soiled with a built-up accumulation of food debris and grime. A policy is in place for cleaning and sanitizing the kitchen, including equipment and the general premise. Cleaning and to-do lists are made on a regular basis and posted by the office door. During interview at this time, Dietary Manager (DM) F stated it is reviewed by staff on a regular basis. On 1/5/2026 at 3:31 PM, the cove base molding was noted peeled away from the wall and floor in a section of wall behind the cook line. The cove base molding along this wall was also noted with a buildup of grease and grime. On 1/6/2026 at 8:50 AM, during an observation of the shower room on the 300 Wing, the privacy curtain beside the toilet was visibly soiled. During interview at this time with housekeeping employee I she stated it was housekeeping's responsibility to check the curtains and let their manager, Environmental Services Director (ESD) J, know when the curtains needed to be changed. On 1/6/2026 at 8:55 AM, during an interview, ESD J, stated the curtains are changed out when a notification is received stating they need to be changed. ESD J stated they have 10 extra curtains per hall to replace soiled ones as soon as they receive notification they are soiled.

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	01/07/2026

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures to prevent abuse, neglect, and theft. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record review, the facility failed to fully implement and operationalize its Abuse Program Policy and Procedure and immediately identify, report and thoroughly investigate repeated incidents of physical and verbal abuse for 9 Residents (Residents #4, #10, #52, #55, #R63, #100, #101, #102, & #103) from 13 residents reviewed for abuse, resulting in a laceration to Resident #4's forehead, and based on the reasonable person concept would cause feelings of fear and intimidation for Residents #10, and #55. Findings Include:Resident #4 (R4)Review of an admission Record revealed R4, was originally admitted to the facility on [DATE] with pertinent diagnoses which included: Dementia.Review of a Minimum Data Set (MDS) assessment for R4, with a reference date of 12/27/25 revealed a Brief Interview for Mental Status (BIMS) score of 00/15 which indicated R4 was cognitively impaired.Further review of R4's MDS assessment dated [DATE] read in part: Behavioral Symptoms E0200. Behavioral Symptom - Presence & Frequency Note presence of symptoms and their frequency. Coding: 0. Behavior not exhibited. (1)-Behavior of this type occurred 1 to 3 days. (2)-Behavior of this type occurred 4 to 6 days, but less than daily . (3). Behavior of this type occurred daily.R4 was coded 2 for this section. A. Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually)R4 was coded 2 for this section. B. Verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others)R4 was coded 2 for this section. C. Other behavioral symptoms not directed toward others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds). (MDS Coding: 2 Behavior of this type occurred 4 to 6 days, but less than daily)Further review of R4's MDS assessments dated 8/7/25 read in part: Behavioral Symptoms E0200. Behavioral Symptom - Presence & Frequency Note presence of symptoms and their frequency. R4 was coded 2 for this section. C. Coding: Other behavioral symptoms not directed toward others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds) . (2. Behavior of this type occurred 4 to 6 days, but less than daily) . Further review of R4's MDS assessments dated 11/5/25 read in part: Behavioral Symptoms E0200. Behavioral Symptom - Presence & Frequency Note presence of symptoms and their frequency. R4 was coded 2 for these sections: A. Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually) B. Verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others) . (2. Behavior of this type occurred 4 to 6 days, but less than daily) .Further review of R4's MDS assessment dated [DATE] read in part: Behavioral Symptoms E0200. Behavioral Symptom - Presence & Frequency Note presence of symptoms and their frequency.MDS-12/27/25- R4 was coded 1 for this section. A. Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually)MDS-12/27/25- R4 was coded 1 for this section. B. Verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others)MDS-12/27/25- R4 was coded 1 for this section. C. Other behavioral symptoms not directed toward others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds) .(MDS Coding: 1 Behavior of this type occurred 1 to 3 days) .Review of R4s Pertinent Charting read in part: Pertinent Charting-Behavior Note Text: dated 5/5/2025 14:25 resident yelled and followed PT (physical therapy) calling him a piss ant resident refused to sit in to wheelchair resident used various language under his breath .Review of R4s Pertinent Charting read in part: Behavior Note Text dated 5/9/2025 18:46 resident chased PT employee down hallway and (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	01/07/2026

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	wanted to hit him with his shoe. Resident was redirected without further incident .Review of R4s Pertinent Charting-Note read in part 5/18/2025 15:19 Text: Behavior (R4) Attempted to kick a cup out of a blind residents' hands then tried to kick him in the head .In an interview on 01/06/2026 2:02 PM., Registered Nurse (RN) A reported R4 was very aggressive with both staff and residents in the facility. RN A reported R4 has had multiple physical altercations as well as daily verbal altercations with just about any resident in his way RN A reported R4 has injured both residents (male and female) as well as staff members. RN A reported she was unaware if any of the incidents have been reported to the State Agency (SA) or investigated further than a nursing/behavioral note. RN A reported R4 should not be left unattended around other residents and should always have 2 staff when assisting with cares.In an interview on 01/06/2026 4:13 PM Nursing Home Administrator (NHA), Director of Nursing (DON) and Regional Clinical Director (RCD) AA were asked to provide this surveyor with all Incident Reports (IR's), Facility Reported Incidents (FRI's)-State Agency (SA) Abuse reportable incidents) NHA responded she was new as the acting NHA and would look for the requested documentation for R4 and get back with this surveyor.Review of R4s Pertinent Charting read in part: 5/25/2025 02:51 Behavior Note Text: Elder very agitated this shift. Spit out medication and all that he had to drink. Being aggressive .Review of R4s Pertinent Charting read in part: 5/26/2025 12:54 Pertinent Charting-Behavior Note Text: resident was very obsessive with the letter on residents GR door - resident would stop others in hallway and shout read read read this letter !!!.Review of a Nurse's Note read in part: 6/8/2025 16:38 (R4) woke up from morning nap, he walked straight towards front door, attempted to open the door to leave facility. Yelling you Mother Fuckers I am not going in the ground yet! . (R4) started violently pushing the (wheel) chair at Certified Nurse Aide) CNA to where (CNA) was stuck between the chair and the wall. (R4) refused to sit in the chair, I followed resident down the hall behind him. coaching him out of resident's rooms as we walked down the 400 halls. Resident turned around and hit me in the throat after stating I am done with this you fucker.Review of a Nurse's Note read in part 6/21/202512:06 Nurses' Notes Note Text: (R4) is hitting and kicking staff when they were trying do cares on him. Tried to help him sit up for lunch and still the same he starts kicking.Review of a Nurse's Note dated 7/3/2025 17:01 read in part: Note Text: resident (R4) was in a verbal altercation with another resident.Review of a Nurse's Note read in part: 10/5/2025 19:25 Nurses' Notes Note Text: (R4) was found in dining room by another resident family, I was notified that resident had blood on face. I walked in to dining room seeing resident (non-sampled male resident-#100-name of resident omitted) on left side of dining room at table. (non-sampled male resident-#101 name of resident omitted) in the middle of dining room and (R4) at the middle back table with blood coming from his forehead. There were potato chips and an empty bowl on the floor, as well as fruit punch on the floor and tablecloth, the fruit punch cup was at (R4's) feet. There was an empty coffee cup on the floor with coffee spilt on (R4) and the chair in front of him. (R4) laceration was cleaned up . (Facility NHA-DON and RCD AA-made aware of this incident by this surveyor and R100, #101 were identified at 01/07/2026 5:20 PM).Review of a R4's Nurse's Note dated read in part: 10/19/2025 00:20 Nurses' Note Text: (R4) attempted to enter another resident's room and became aggressive when told to leave. I stepped in between the residents and R4 became aggressive with me. CNA) brought him a snack to try and de-escalate, and he hit her in the face. (R4) then started becoming verbal with a different resident (unknown-non-sampled resident) . R4 started throwing his wheelchair, shoes, cups and spitting. I can see he has two skin tears one on each arm which we put bandages on. Review of a Nurse's Note dated 10/19/2025 16:30 read in part: Nurses' Notes Text: (R4) was in the hallway, and another resident was in their wheelchair, and he grabbed her arm. (non-sampled female resident #102 name of resident omitted). A CNA intervened. As I was walking back down the hallway, he raised his fist at her and then at me and said, Fuck you. He went back into his room, and the other resident went further down the hall away from his room. (Facility NHA-DON and RCD AA-made aware of this incident by this surveyor and R102 was identified at 01/07/2026 5:20 PM).In an interview on 1/06/2026 at 5:27 PM., Registered Nurse (RN) B reported (R4) has had many (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	01/07/2026

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	behaviors and a long history of both physical and verbal aggression towards other residents . RN B reported on 10/19/25 R4 was in the hallway, when she (RN B) was passing medications and heard a CNA holler out for (R4) to stop, she then turned to see R4 and R102 (non-sampled female resident#102 name of resident omitted) next to one another with a CNA separating the two residents. RN B reported she went to assist and separated the 2 residents. RN B reported R4 had grabbed for R102's wrist while she was self-propelling in her wheelchair., RN B reported R4 never made physical contact with R102 he grabbed me (RN B) instead. When asked why her (RN B) current interview with this surveyor contradicts the Electronic Medical Record (EMR) documentation (RN B) documented: (read in part: Review of a Nurse's Note dated 10/19/2025 16:30). RN B stated I don't recall the actual events, it seems so long ago, (R4) is always getting into some sort of altercation, either with another resident or staff members . RN B reported she did not do an incident report or report the incident to the Abuse Coordinator at the time of the incident. RN B stated our policy and reporting guidelines are to report any and all allegations/alleged abuse immediately to our abuse coordinator . RN B reported she did not follow protocol. Review of a Nurse's Note dated 10/22/2025 18:08 read in part: Nurses Note Text: Residents (Durable Power of Attorney) DPOA is concerned about the yelling coming from the resident in room (next to R4) DPOA states this is a trigger. The resident in room (shared bathroom) was yelling, while in the bathroom. He unlocked and opened the bathroom door twice in the last 20 minutes. DPOA is concerned for resident (R4) and does not want resident to have to be medicated for the reaction this will cause.Review of a Nurse's Note dated 11/1/2025 18:26 read in part: (R4) was in his room throwing things and he broke his bedside table. He was trying to throw things out the window. At first, he was throwing things that would not break, then it turned into throwing larger items. He threw his wheelchair, it was lying on its side, and the bedside table was broken. There was no consoling or redirecting the resident. Review of a Nurse's Note dated 11/3/2025 05:51 read in part: (R4) entered another resident's (unknown resident #103) room through the bathroom because, they were being loud and yelling out all night. (R4) stated he wanted to beat his ass if he didn't shut up. Staff redirected him with food back into his own room and locked the bathroom door so he couldn't enter the room again. (Facility NHA-DON and RCD AA-made aware of this incident by this surveyor and R102 was identified at 01/07/2026 5:20 PM).Review of R4s Pertinent Charting read in part: Event date: 11/26/2026 (R4) went into the office hallway and peed on the floor. (R4) was assisted back to his room and showed where his restroom was.Review of a Nurse's Note read in part: Event date: 12/26/2025 The resident became aggressive on this shift, he hit the Director of Nursing (DON) and this nurse when we entered the room to plug in his call light that he had pulled out of the wall.In an interview on 1/7/26 at 5:20 PM., DON reported R4 had been very aggressive with other residents and staff, at this time she (NHA, DON, and RCD AA) are looking for any Incident Reports or FRI's reported to the State Agency. RCD AA reported it does not appear that the previous NHA and DON completed incident reports, state agency reports, and facility investigations for R4 and/or any other residents showing up in R4s EMR-Progress/Behavioral notes. NHA reported they would continue to investigate this matter, as well as reach out to their corporate oversight to find any information they may have to assist this surveyor with the lack of information on resident-to-resident altercations going on in the facility. Resident #10 (R10)Review of an admission Record revealed R10, was originally admitted to the facility on [DATE] with pertinent diagnoses which included: AmputationReview of a Minimum Data Set (MDS) assessment for R10, with a reference date of 11/14/25 revealed a Brief Interview for Mental Status (BIMS) score of 15/15 which indicated R10 was cognitively intact. In an observation/interview on 01/05/2026 2:34 PM R10's room door was closed, this surveyor knocked and R10 welcomed this surveyor in his room to conduct a private interview. R10 reported he keeps his door closed 90% of the time because of the number of residents with dementia and behavioral who have come into his room without his permission. R10 reported recently a resident who paces up and down the hall yelling and spitting at other residents and at times threating other residents that he will punch them in the face had come into his room while his roommate was gone. R10 reported that the (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	01/07/2026

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	resident came in, sat down on his room-mates bed, and ate his room-mates lunch because the lunch tray had just been [NAME] in. R10 reported he did not say anything to the resident because he doesn't get around quickly because he is an amputee. R10 reported he needs a lot of staff assistance so he was fearful if he said anything that the unknown male resident might lash out at him. R10 reported he just ate lunch, laid in bed for a while and then got up and left the room. R10 reports he feels unsafe and fearful at times when there are not enough staff, especially on nights and weekends, and that is around the time the residents who have increased behavior seem to start acting out, wandering into other resident rooms and trying to get out of the building. (Throughout the survey and multiple observations from 1/5/26-1/7/26 R10's bedroom door was closed).Resident #55 (R55)Review of an admission Record revealed R55, was originally admitted to the facility on [DATE] with pertinent diagnoses which included: history of falling.Review of a Minimum Data Set (MDS) assessment for R55 with a reference date of 10/06/2025 revealed a Brief Interview for Mental Status (BIMS) score of 11/15 which indicated R55 had mild cognitive impairment. In an observation/interview on 1/05/2026 at 11:35 AM, R55's room door was shut completely. This surveyor knocked and heard a voice asking who was there. This surveyor presented oneself and was granted permission to enter R55's room with R55 sitting upright in his bed eating his lunch. R55 reported he keeps his door shut because of the aggressive residents who wander into his room, other resident rooms and their bathrooms. R55 reported there are a lot of residents who are always pacing up and down the halls which bothers him. R55 reported at times the residents who pace up and down the hall yell out so loud, hit at each other, and will randomly grab other residents clothing, arms or push them in their wheelchairs. R55 reported the resident in the next room over leaving his TV on so loud, he can barely hear myself think which was he kept his door closed. R55 stated I hate to say it, but I get upset, I am pissed and frustrated that there are not enough staff to keep a closer eye on aggressive residents. R55 reported he fears for the little older ladies who care barely protect themselves (Throughout the survey and multiple observations from 1/5/26-1/7/26 R55's bedroom door was closed).In an interview on 1/5/26 at 1:22 PM., Certified Nurse Aide (CNA) V reported R4, R52 and R63 all are well known for having very aggressive behaviors towards one another, other residents including female residents. CNA V reported there have been all out brawls with some of the ambulatory/semi-ambulatory (residents who can walk) resident especially during common activities, or mealtimes. CNA V reported we have to keep our heads on a swivel around here because one minute everything is fine and the next 2-4 resident are in a screaming or punching match over a cup of pudding. CNA V reported any incidents of resident-to-resident altercations should be reported to the NHA, but she (CNA V) reported recently there has been a change over in management and prior to the new management any concerns or issues staff or residents had, landed on deaf ears. CNA V reported hopefully things will get better, and more staff will be able to help on the units especially during busy times like shift changes, meals and activities. Resident #63 (R63)Review of an admission Record revealed R63, was originally admitted to the facility on [DATE] with pertinent diagnoses which included: heart disease.Review of a Minimum Data Set (MDS) assessment for R63, with a reference date of 11/14/24 revealed a Brief Interview for Mental Status (BIMS) score of 11/15 which indicated R63 was cognitively impaired.Review of R63's Care Plan with a revision date of 5/8/25 read in part: Resident has history (hx) of behaviors evidenced by: TARGET BEHAVIOR 1: Verbal Aggression EX: Cussing/inappropriate statements towards others .Review of R63's Nurses Notes read in part: Effective Date: 07/03/2025 17:03 Type: Nurses' Notes Note Text : resident was in a verbal altercation with another resident . (Facility NHA-DON and RCD AA-made aware of this incident by this surveyor and no incident reports, and or FRIs, facility investigations were made available to this surveyor, nor was the other resident involved known). Resident #52 (R52)Review of an admission Record revealed R52, was originally admitted to the facility on [DATE] with pertinent diagnoses which included: Dementia.Review of a Minimum Data Set (MDS) assessment for R52, with a reference date of 9/30/25 revealed a Brief Interview for Mental Status (BIMS) score of 03/15 which indicated R52 was (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	01/07/2026

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	cognitively impaired.Review of a R52's Pertinent Charting-Behavior Note read in part: Event date: 7/12/2025 21:35 resident has been going in and out of other residents' rooms; he started shouting and being very rude. Resident also had angry eyes staring at staff; very unlike him.Review of a R52's Pertinent Charting-Behavior Note read in part: 7/22/202514:40 Resident yelling back at other residents Resident is very agitated at constant hollering out. Writer was able to redirect after several minutes. Review of a Facility Policy-Abuse, Neglect and Exploitation-with a revision date of 1/10/24 read in part: It is the policy of this facility to provide protections for the health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation, and misappropriation of resident property.Definitions. Abuse means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish, which can include staff to resident abuse and certain resident to resident altercations. Abuse also includes deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain, or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology . Prevention of Abuse, Neglect and Exploitation The facility will implement policies and procedures to prevent and prohibit all types of abuse, neglect, and misappropriation of resident property. and exploitation that achieves: A. Establishing a safe environment that supports, to the extent possible, a resident's consensual sexual relationship and by establishing policies and protocols for preventing sexual abuse. This may include identifying when, how, and by whom determinations of capacity to consent to a sexual contact will be made and where this documentation will be recorded; and the resident's right to establish a relationship with another individual, which may include the development of or the presence of an ongoing sexually intimate relationship. B. Identifying, correcting, and intervening in situations in which abuse, neglect, exploitation, and/or misappropriation of resident property is more likely to occur with the deployment of trained and qualified, registered, licensed, and certified staff on each shift in sufficient numbers to meet the needs of the residents. Identification of Abuse, Neglect and Exploitation.A. The facility will have written procedures to assist staff in identifying the different types of abuse - mental/verbal abuse, sexual abuse, physical abuse, and the deprivation by an individual of goods and services. This includes staff to resident abuse and certain resident to resident altercations.B. Possible indicators of abuse include, but are not limited to:1. Resident, staff, or family report of abuse2. Physical marks such as bruises or patterned appearances such as a handprint, belt, or ring mark on a resident's body3. Physical injury of a resident, of unknown source4. Resident reports of theft of property, or missing property'5. Verbal abuse of a resident overheard6. Physical abuse of a resident observed7. Psychological abuse of a resident observed8. Failure to provide care needs such as comfort, safety, and feeding. bathing, dressing, turning & positioning9. Evidence of photographs or videos of a resident that are demeaning or humiliating in nature, regardless of whether the resident provided consent and regardless of the resident's cognitive status.10. Sudden or unexplained changes in behaviors and/or activities such as fear of a person or place, or feelings of guilt or shame.Investigation of Alleged Abuse, Neglect and ExploitationA. An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur.B. Written procedures for investigations include:1. Identifying staff responsible for the investigation.2. Exercising caution in handling evidence that could be used in a criminal investigation (e.g., not tampering or destroying evidence).3. Investigating different types of alleged violations.4. Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegations.5. Focusing the investigation on determining if abuse, neglect, exploitation, and/or mistreatment has occurred, the extent, and cause; and6. Providing complete and thorough documentation of the investigation.Identification of Abuse, Neglect and ExploitationA. The facility will have written (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	01/07/2026

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	procedures to assist staff in identifying the different types of abuse - mental/verbal abuse, sexual abuse, physical abuse, and the deprivation by an individual of goods and services. This includes staff to resident abuse and certain resident to resident altercations.B. Possible indicators of abuse include, but are not limited to:1. Resident, staff, or family report of abuse2. Physical marks such as bruises or patterned appearances such as a handprint, belt, or ring mark on a resident's body3. Physical injury of a resident, of unknown source4. Resident reports of theft of property, or missing property5. Verbal abuse of a resident overheard6. Physical abuse of a resident observed7. Psychological abuse of a resident observed8. Failure to provide care needs such as comfort, safety, feeding, bathing, dressing, turning & positioning9. Evidence of photographs or videos of a resident that are demeaning or humiliating in nature, regardless of whether the resident provided consent and regardless of the resident's cognitive status.10. Sudden or unexplained changes in behaviors and/or activities such as fear of a person or place, or feelings of guilt or shame.Investigation of Alleged Abuse, Neglect and ExploitationA. An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur.B. Written procedures for investigations include:1. Identifying staff responsible for the investigation. 2. Exercising caution in handling evidence that could be used in a criminal investigation (e.g., not tampering or destroying evidence).3. Investigating different types of alleged violations.4. Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegations.

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	01/07/2026

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide information to formulate an advanced directive for one Resident (#74) of one resident reviewed for advanced directives.Findings include:Findings include:Resident #74 (R74)Review of the Minimum Data Set (MDS) assessment dated [DATE], revealed admission to the facility on [DATE], with active diagnoses that included Alzheimer's Disease. R74 scored a 3 of 15 on the Brief Interview for Mental Status (BIMS) reflective of severe cognitive impairment.Review of the Electronic Medical Record (EMR) did not reveal that the resident/responsible party had received advanced directive information or formulated an advanced directive.During an interview on [DATE] at 3:18 p.m., Social Services Designee (SSD) N reported she did not have the advanced directive for R74.I complete them on admission and for a residents like R74 who has a DPOA the advanced directives are done also on annually.I have looked in my office for the advanced directive for R74 and I cannot find it and it is not in the EMR.During an interview on [DATE] at approximately 2:45 p.m., the Nursing Home Administrator (NHA) acknowledged R74 did not have advanced directive information and did not formulate an advanced directive.Review of policy titled Cardiopulmonary Resuscitation (CPR) and Basic Life Support (BLS) last reviewed/revised [DATE], read in part .Advance directive is defined as a written instruction, such as a living will or durable power of attorney for health care.relating to the provision of healthcare when the individual is incapacitated.facility staff should verify the presence of an advanced directive or residents wishes regarding CPR upon admission.

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	01/07/2026

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on interview and record review, the facility failed to provide residents/responsible parties with written notifications of bed hold and transfer notifications and/or provide notification to the office of the state Ombudsman for facility initiated transfers, for three Residents (R9, R70, R1) of five residents reviewed for hospitalizations. Findings include: Resident #9R9 was transferred to the emergency department (ED) on 10/3/25, 10/18/25, and 12/17/25.The facility did not provide written notification of transfer to the resident/responsible party for the transfer on 10/18/28. There were no written notifications of bed hold issued when R9 was transferred to the ED on 10/18/25.The written notification of transfer dated 12/17/25 did not provide a reason for the transfer. The written notification of bed hold for the transfer on 12/17/25 did not have any boxes checked to indicate the choice of acceptance or declination of bed hold.The list of notifications to the Office of the State Long-Term Care (LTC) Ombudsman for the month of October 2025 did not include Ombudsman notification of the transfer of R9 on 10/3/25.The Administrator (NHA) was interviewed on 1/6/26 at 2:28 PM. The NHA said the facility had concerns with issuance of written notifications of transfers and bed holds. The NHA said there was no written notification of transfer or bed hold when R9 went to the ED on 10/18/25. The NHA confirmed the written notification documents should be fully completed with no blanks. The NHA was unable to explain the reason the Ombudsman notification list of October 2025 did not include the transfer of R9 on 10/3/25.Resident #70 (R70)R70 was transferred to the ED on 11/15/25.The facility did not provide a written notice of transfer to the resident/ responsible party for the transfer to the ED on 11/15/25.The written notification of bed hold form in the electronic medical record (EMR) did not have any boxes checked and were blank where the resident/responsible party would elect or decline a bed hold. The bed hold document did not contain the signature of the resident/resident representative and the EMR did not contain documentation indicating the bed hold information had been provided to the resident/responsible party. During an interview with the NHA on 1/6/26 at 2:28 PM, the NHA confirmed there were no written notification of transfer completed when R70 went to the ED on 11/15/25.Resident #1 (R1)R1 was transferred to the ED on 10/10/25 and 10/11/25.The written notification of transfer on 10/11/25 contained blank boxes where reason for transfer was intended to be documented.A written notification of bed hold was not located in the EMR of R1. A written notification of bed hold was requested but not provided by the NHA.The NHA and Regional Clinical Director (RCD) were interviewed on 1/7/26 at 9:28 AM. The NHA said the information for written notifications of transfers and bed holds and Ombudsman notifications had been provided. The RCD said the facility was missing some of the requisite information for transfers and there was no additional information available.

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	01/07/2026

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure completion of a Level II PASARR (Pre-admission Screening/Annual Resident Review) for one Resident (#13) of one resident reviewed, resulting in the potential for lack of appropriate services for mental disorder [MD] or intellectual disability[ID]).Findings include:Resident #13 (R13)Review of the Minimum Data Set (MDS) assessment, dated 12/26/2025, revealed R13 was admitted to the facility on [DATE] and had active diagnoses including bipolar disorder, schizoaffective disorder, and dementia.Review of the electronic medical record (EMR) revealed a Level I PASARR (screening used to ascertain if a Level II PASARR evaluation and determination should be completed) was completed on 6/27/2025. Review of the Level I PASARR revealed the screening criteria listed yes to four of the six screening questions listed, including: a current diagnosis of mental illness and dementia; receiving treatment for mental illness and dementia; received one or more prescribed antipsychotic medication within the past 14 days; and there was presenting evidence of mental illness or dementia. Further review revealed no evidence a Level II PASARR was completed following the positive Level I screening for R13.During an interview on 1/6/2026 at 11:42 a.m., the facility Social Services Director, Staff N was asked to explain the process for completion of annual screenings, including who was responsible for making the referral to the appropriate state-designated authority for a Level II PASARR evaluation and determination when a resident was identified as having evident or possible MD or ID. Staff N reported since she was not a licensed social worker, she would forward the monthly list to the facility's Regional Social Worker for completion of the screenings. When asked who at the facility monitored for return of the Level II determinations from the designated authority, Staff N reported there was no prior formal process in place for monitoring, but the Director of Nursing (DON) had recently taken over the task of completion for both Level 1 and Level II PASARRs. During a record review at the time of the interview, Staff N confirmed she did not find a completed Level II PASARR determination in the EMR to accompany R13's positive Level I screening, dated 6/27/2025.During a record review with the DON on 1/6/2026 at 1:35 p.m., the DON reported she could not find a Level II PASARR or resulting determination for R13 following the positive Level I PASARR, dated 6/27/2025. The DON reported she would investigate the issue and report back to the survey team.During a follow-up interview on 1/6/2026 at 2:42 p.m., the DON reported she contacted the facility's Regional Social Worker and was told R13's Level II PASARR determination was still in the queue awaiting physician review and signature and could not be viewed at that time. The DON reported she had also been in touch with the facility's state designated authority regarding the assessment and was told the resident was deemed to be exempt from the full Level II evaluation following their review. The DON confirmed she was unaware the facility had not received R13's Level II determination until queried by this Surveyor. When asked to present the unsigned Level II determination reported as being in queue for physician review, the DON reported she could not produce the document for review. When asked the process for ensuring timely turnaround of Level II determinations, the DON reported she would be reviewing the process to ascertain if changes needed to be made and would conduct an audit to determine if any other residents had not received Level II determinations, if required.Review of the facility policy titled, PASARR - Pre-admission Screen and Resident Review, dated as last reviewed on 10/30/2023, revealed the following: When indicated on the Level I screen that a Level II screen is required, the facility will complete notification to the State's [PASARR] program notice for Level II screen (in accordance with State Laws) .

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	01/07/2026

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record review, the facility failed to revise/updated resident person centered care plans for 1 Resident (#5) of 13 residents reviewed for care planning resulting in unnecessary administration of psychiatric medications for R5, the potential for administration of unnecessary medications without proper indication, and the potential for inadequate goods and services for residents to maintain their highest practicable physical, mental and psychosocial well-being.Findings include:Findings include:Resident #5 (R5)Review of an admission Record revealed R5, was originally admitted to the facility on [DATE] with pertinent diagnoses which included: Malignant neoplasm of the (large intestine) colon cancer. Review of a Minimum Data Set (MDS) assessment for R5 with a reference date of 10/22/25 revealed a Brief Interview for Mental Status (BIMS) score of 12/15 which indicated R5 was cognitively intact.In an observation and interview on 1/5/2026 at 2:24 PM., R5 was observed in her room sitting upright in their chair. When speaking with R5 about her care at the facility, the topic of medications was brought up, R5 became tearful, and visible tears were noticed coming from her eyes. R5 was asked why she was crying. R5 stated I have colon cancer that has spread to my entire body, I am dying, it could be any day, I just wish I could be at home and pass away with my family there, I am so afraid, I am terrified of being alone when that time comes. When asked about her medications R5 stated I don't need the medications they have me on, and I know they are psychiatric medications, I am not crazy, I know what Risperdal is used for, I am dying! R5 reported she has at times gotten frustrated and speaks loudly and has been harsh too. R5 reported she did not want to be medicated during her last days, especially when her family visits, and her anxiety has been higher than normal because the holidays and weather has made it more difficult to have family make it to see her. R5's speech was coherent and easily understood, she was able to articulate every question asked by this surveyor during this observation and interview. Review of R5's Care Plan read in in part: FOCUS-(R5) Resident has behavior(s) related to Dementia as evidenced by: TARGET BEHAVIOR 1: Verbal Aggression: Resident at times with swear or make inappropriate statements towards the staff/others Possible triggers include discussing why she is here, talking about family, direct cares Date Initiated: 11/05/2025 .Revision on: 11/05/2025 GOAL: Resident will have no adverse effects related to behaviors through the next review.Date Initiated: 11/05/2025 Target Date: 01/26/2026 Resident will remain injury-free related to behaviors through next review. Date Initiated: 11/05/2025 Target Date: 01/26/2026.Review of R5's Care Plan read in in part: FOCUS-(R5) takes psychotropic/mood stabilizer medication as evidenced by antianxiety use Date Initiated: 10/16/2025 Revision on: 10/17/2025 GOAL- (R5) will be free of drug related complications and/or side-effects related to psychotropic medication use through the next review. Date Initiated: 10/16/2025 Target Date: 01/26/2026.INTERVENTIONS-Administer medications as ordered Date Initiated: 10/16/202. Refer to psychologist/psychiatrist as needed Date Initiated: 10/16/2025. Observe for and report to Physician/NP/PA adverse effects of antidepressant medication use (nausea/vomiting, weight gain, weight loss, diarrhea, sleepiness, suicidal ideations, worsening depression, panic attacks, insomnia, irritability, extreme increase in activity (mania), aggression, increased anger or violence). Date Initiated: 10/16/2025.Further review of R5's care plans revealed no care plans were in place for UTI's. There were no Compassion visits considered in care planning. There were also no Non-pharmacological FOCUS areas and/or interventions in place, or updated/revised to reflect R5 in person centered areas such as hopelessness, fear, death and dying, grieving and or root cause of mood/behaviors.During an interview/record review on 1/6/26 at 1:10 PM., Registered Nurse (RN) Y reported, any resident starting on an antipsychotic medication should have a care plan in place with the specific antipsychotic medications, such as Risperdal. RN Y reported R5's behaviors were not aggressive towards others and when she did have a few behaviors (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	01/07/2026

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	last month it was because she had a urinary tract infection (UTI) which can have symptoms that mimic behaviors. RN Y reported R5 was a very sweet resident who is fearful of dying, she expresses loneliness and misses her family a lot. RN Y reported R5 had physician orders for anti-anxiety medication and that could have been used if any of the nurses saw R5 struggling with mood, behaviors, aggression and anxietyReview of R5's Behavioral Health-Psychiatry Follow up note read in part: Date of Service: 2025-12-22 13:52:00.(R5) is currently resting in bed. She recently started Aricept (medication to treat symptoms of dementia) and has been tolerating this medication well . The family is interested in adding Namenda (medication to treat symptoms of dementia) to her regimen.Her Celexa (antidepressant medication) dosage was previously decreased, and she has remained overall stable on this medication.(R5) is currently on hospice care (end of life) for colon cancer .Previously, the patient experienced a urinary tract infection (UTI) and had increased agitation and aggression primarily related to her confusion due to dementia. During visits, she required frequent redirection, was easily distracted, and had difficulty staying focused with very limited insight.In an interview/record review on 1/7/26 at 4:40 PM, Registered Nurse (RN) E and this surveyor reviewed of R5's care plan which did not indicate did any revisions to her care plan regarding a new antipsychotic medication, nor did it indicate any revisions to R5's interventions about any new behaviors, she also did not have a care plan in place for being at Risk for UTI's which R5 had recently had. No interventions or revisions were noted on R5s care plan for indications of potential behaviors from UTI's. RN E reported the care plan should have been reviewed and revised to included something regarding behaviors and addressing her fear of passing away and being alone when she dies, not near her family.Review of a facility Policy- Comprehensive Care Plans-Date Reviewed/Revised 6/30/2022 read in part: It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment (Minimum Data Set). Definitions: Person-centered care means to focus on the resident as the locus of control and support the resident in making their own choices and having control over their daily lives.1. The care planning process will include an assessment of the resident's strengths and needs. Services provided or arranged by the facility.shall be culturally competent and trauma-informed.2. Other factors identified by the interdisciplinary team, or in accordance with the resident's preferences, will also be addressed in the plan of care.3. The comprehensive care plan will describe, at a minimum, the following: a. The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.5. The comprehensive care plan will be reviewed and revised by the interdisciplinary team.

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	01/07/2026

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 for one Resident (#74) of two residents reviewed for activities.Findings include:Resident #74 (R74)Review of Minimum Data Set (MDS) assessment dated [DATE], revealed admission to the facility on [DATE] with active diagnoses that included: Alzheimer's disease and non-Alzheimer's dementia. R74 scored a 3 of 15 on the Brief Interview for Mental Status (BIMS) assessment reflective of severe cognitive impairment.During an observation on 1/5/26 at 1:35 p.m., R74 was sitting on the edge of her bed in the dark with no music or TV on in her room.Observations on 1/6/26 revealed the following:9:07 a.m., R74 was sitting on the side of the bed staring at the blank wall with no lights on in her room, no music playing, the tv was not turned on, and she did not have any activity or sensory items to interact with.9:48 a.m., R 74 continued to sit in the dark with no stimulation or interaction from staff.11:18 a.m., R74 sitting in the same position on her bed with her head bowed down as she stared blankly at the floor with no activities, stimulation, or interaction from activity staff.11:52 a.m., R74 continued to sit on her bed leaning over to the left side and yelling out incoherently.During an observation on 1/7/26 at 10:20 a.m., R74 was sitting at the end of her bed with no music, and the TV was not turned on. R74 did not have any sensory stimulation or activities which she could independently do to keep herself occupied.During an interview on 1/7/26 at 11:34 a.m., Certified Nurse Aide (CNA) R reported R74 who stays in her room all day was not offered any activities . that I have ever seen.there are many behaviors down this wing with no activities.During an interview on 1/7/26 at 1:14 p.m., Licensed Practical Nurse (LPN) C reported, I have never seen any activity staff going in the resident rooms and doing any activities with the residents.if the residents don't go to group activities, they do not get any activities.During an interview on 1/7/26 at 2:45 p.m., Activity Director (AD) Q was queried about what activities where available for residents with dementia who stay in their rooms. AD Q could not describe any activities that are offered to residents in their rooms who do not attend group activities. AD Q was unable to explain what activities were offered to R74 when she sits in her room all day alone.Review of document titled Activities Evaluation dated 10/16/25 read in part activities (Mark the activities the resident enjoys) .movies/TV, music/talk radio.Review of R74 care plan revealed the following: Resident [R74] is at risk for altered activities patterns.is dependent on staff for activities cognitive stimulation and social interactions. Resident's preferred activities are: sensory activities, reading too, music.A policy for activities was requested and was not provided before exit.

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	01/07/2026

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 observation, interview, and record review, the facility failed to accurately document wounds, determine wound etiology, and adhere to physician's orders for bilateral lower extremity compression devices for one Resident (R51) of 18 residents reviewed for quality of care. Findings include:On 1/5/27 at 11:46 AM, Resident #51 (R51) was observed sitting in a wheelchair next to her bed with her feet directly on the floor. The lower calves and feet of R51 had a purple hue with evident edema (swelling caused by fluid trapped in the body tissue). R51 said, I can get bad swelling in my legs. I'm supposed to wear special stockings, but they haven't put them on in a while. R51 was unable to recall the last time staff had applied the special stockings. Review of the electronic medical record (EMR) for R51 revealed an admission date to the facility on 1/25/23 with a primary diagnosis of Diabetes. A Minimum Data Set (MDS) assessment dated [DATE] documented R51 did not refuse care or display behavioral symptoms. The MDS disclosed R51 was dependent on staff for lower body dressing, including putting on and taking off footwear.Further review of the MDS revealed R51 had a diabetic foot ulcer and an unhealed stage 3 pressure injury (Full-thickness loss of skin, in which subcutaneous fat may be visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible but does not obscure the depth of tissue loss).The EMR of R51 contained a physician's order dated 8/14/25 that read: Ensure resident is wearing size F [Name Brand Stockings - designed to provide support and compression for various conditions including swelling to restore circulation, reduce edema, and enhance tissue stability] to bilateral lower extremities at all times.R51 was observed in a wheelchair at bedside with her bilateral feet directly on the floor without wearing [Name Brand Stockings] on 1/5/26 at 11:46 AM, 1/5/26 at 3:32 PM, 1/06/26 at 8:42 AM, 1/06/26 at 10:08 AM, 1/06/26 at 12:25 PM, 1/07/26 at 7:52 AM, and 1/7/26 at 8:05 AM.During a dressing change observation on R51's right heel on 1/7/26 at 8:05 AM, Registered Nurse (RN) C and Licensed Practical Nurse (LPN) O were asked why R51 was not wearing [Name Brand Stockings]. RN C said the physician ordered R51 to have [Name Brand Stockings] applied every morning and removed every night. When asked why the [Name Brand Stockings] were not worn as ordered by the physician on the above observation dates and times, RN C said, I don't know. When asked if R51 should have the [Name Brand Stockings] on, RN C and LPN O said, yes.The January 2026 Treatment Administration Record (TAR) of R51 was reviewed and revealed [Name Brand Stockings] were signed out on the TAR as being applied by RN C on 1/5/25, 1/6/25, and 1/7/25.A progress note entry dated 1/1/26 at 8:45 AM read, in part: .resident noted with compression stockings [Name Brand Stockings] missing and noted vascular changes to the shins. Will be monitoring for breakdown. Resident continues to spend large portions of the day sitting up in the dependent position leaving the legs and feet in a state of pooling [edema].There was no documentation in the EMR after 1/1/26 regarding the missing [Name Brand Stockings] or the increased pooling edema of the lower extremities. There was no documentation indicating the physician of R51 had been notified of the missing [Name Brand Stockings] to determine if further orders were indicated by the physician.The EMR documented R51 had a wound on the right heel, but documentation was inconsistent with wound etiology:Wound assessments documented the wound as a stage 3, facility-acquired pressure injury. The assessments that documented the wound as a pressure injury were dated 9/23/25, 9/30/25, 10/8/25, 10/14/25, 10/21/25, 10/28/25, 11/5/25, 11/12/25, 11/19/25, 11/25/25, 12/1/25, 12/8/25, 12/16/25, 12/22/25, and 1/1/26.Some progress notes documented the wound as a right heel diabetic ulcer. The progress notes that documented the wound as a right heel diabetic ulcer include notes on: 1/1/25 at 3:18 AM, 12/28/25 at 9:40 AM, 12/24/25 at 2:25 AM, 12/23/25 at 10:22 AM, 12/22/25 at 9:03 PM, 12/22/25 at 12:53 PM, 12/21/25 at 4:58 PM, 12/20/25 at 5:49 PM, 12/18/25 at 9:33 AM, and 12/17/25 at 1:41 AM.The skin and wound weekly assessments in the EMR documented R51 had a left heel diabetic ulcer documented as resolved on 12/8/25 with no documented wound assessments or (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	01/07/2026

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	measurements of the left heel after 12/8/25.The EMR contained a progress note dated 12/8/25 at 4:16 PM that read, in part: .Location: left heel. Issue type: Diabetic foot ulcer. Progress: Resolved. Wound healed and/or closed.Progress notes after 12/8/25 continued to document a diabetic wound on the left heel:12/9/25 at 1:48 AM documented, in part: .lle [left lower extremity] heel tx [treatment] in place.12/9/25 at 9:36 AM documented, in part: .Location of skin area being documented: L. lower heel Diabetic ulcer: Wound stable and slow to heal. No infection noted.12/10/25 at 9:28 AM documented, in part: .Location of skin area being documented: L. lower heel diabetic ulcer: wound stable and free of infection.12/24/25 at 9:11 AM documented, in part: .L. [left] foot diabetic ulcer. Wound stable. Daily treatments in place. No s/s of infection noted.12/25/25 at 12:27 AM documented, in part: . L. [left] foot diabetic ulcer. Wound stable. Daily treatments in place. No s/s of infection noted.12/25/25 at 9:07 AM documented, in part: .L. foot diabetic ulcer. No s/s of infection noted. Resident tolerating wound care well. No s/s [signs/symptoms] of deterioration.12/26/25 at 10:49 AM documented, in part: .L. foot diabetic ulcer. No s/s of infection noted. Resident tolerating wound care well. No s/s of deterioration.12/27/25 at 12:40 AM documented, in part: .Left foot dressing dry and intact.12/27/25 at 11:02 AM documented, in part: .Left foot treatment in place, no s/s of infection noted.12/29/25 at 2:00 AM documented, in part: .Left foot treatment in place.12/30/25 at 10:29 AM documented, in part: .L. foot diabetic ulcer of the L. heel: wound stable.1/5/26 at 9:23 AM documented, in part: .LLE diabetic ulcer wound stable and slow to resolve. No deterioration. Resident tolerating dressing changes well.1/6/26 at 10:07 AM documented, in part: .L. Heel diabetic ulcer. Treatments are daily and wound is stable.On 1/7/26 at 7:49 AM, RN C said R51 had an abrasion on the left shin and a diabetic ulcer on the right heel. RN C said R51 had no other wounds.On 1/7/26 at 8:05 AM, RN C and LPN O were observed completing a dressing change on the right heel of R51. Both legs of R51 were dry, scaly, purple in color, and edematous. After completing the dressing change, RN C and LPN O were asked to assess the left heel. LPN O said, That wound healed. RN C said, [R51] only has a wound on the right heel. The request was reiterated.LPN O lifted R51's left heel from the mattress to reveal an uncovered wound on the medial left heel approximately 1.5 cm (centimeters) x (by) 1.5 cm (length and width, respectively). The depth of the wound bed was unknown due to the presence of eschar (dead or devitalized tissue) adhered to the wound. LPN O said, Oh, it looks like it re-opened. LPN O said he completed the initial and weekly assessments of wounds in the facility and confirmed personally that the wound on the left heel was healed and resolved in early December 2025. When asked when the wound re-opened, LPN O said he did not know. RN C said she assessed the left heel last Wednesday (12/31/25) and the wound was not present. RN C did not supply a response when asked why progress notes documented a wound on the left heel, including documentation entered after 12/31/25.

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	01/07/2026

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to discontinue an inhaled medication per pharmacy recommendations and physician order for one Resident (#85) failed to ensure non-pharmacological interventions were attempted prior to the administration of as needed pain medications for three Residents (#5, #85, #55) and failed to implement not pharmacological interventions prior to the start of an antipsychotic medication and utilize physician ordered as needed (PRN) anti-anxiety medications for one Resident (#5) of five Residents reviewed for unnecessary medications.Findings include:Resident #5 (R5) Review of an admission Record revealed R5, was originally admitted to the facility on [DATE] with pertinent diagnoses which included: Dementia. Review of a Minimum Data Set (MDS) assessment for R5 with a reference date of -10/22/25 revealed a Brief Interview for Mental Status (BIMS) score of 12/15 which indicated R5 was cognitively intact. In an observation and interview on 1/5/2026 at 2:24 PM., R5 was noted in her room sitting upright in a chair. R5 stated yes, please come in and sit with me when this Surveyor knocked and asked to enter her room. R5 reported she was admitted to the facility a few months ago because she is dying of colon cancer that has spread everywhere R5 started to cry as she told this Surveyor it could be any day, I just wish I could be at home and pass away with my family there, I am so afraid, I am terrified of being alone when that time comes R5 speech was coherent and easily understood, she was able to articulate every question asked by this surveyor with ease. When asked about her medications R5 stated I don't need the medications they have me on, and I know they are psychiatric medications, I am not crazy, I am dying, I want to be near my family, and I am afraid of dying alone! .R5 reported at times she gets frustrated and speaks loudly to the staff because they do not visit as much as she would like . Review of R5's Physicians Orders read in part: RisperDAL Oral Tablet 0.5 MG (milligram) . Give 1 tablet by mouth one time a day related to ADJUSTMENT DISORDER WITH DEPRESSED MOOD start date.12/31/2025 09:00 . Review of R5's Progress Notes read in in part: 12/30/2025 15:45 Nurses 'Notes Text: hospice was in today resident was very upset and angry, and this has been happening more, so hospice doctor ordered Risperdal 0.5 mg daily to help her mood DPOA Son was called and left message to call back . Review of R5's Behavioral Health-Psychiatry Follow up Date of Service: 2025-12-22 13:52:00 note read in part: .(R5) is currently resting in bed. She recently started Aricept (medication to treat symptoms of dementia) and has been tolerating this medication well . The family is interested in adding Namenda (medication to treat symptoms of dementia) to her regimen.Her Celexa (Citalopram/Celexa antidepressant medication) dosage was previously decreased, and she has remained overall stable on this medication.(R5) is currently on hospice care (end of life) for colon cancer .Previously, the patient experienced a urinary tract infection (UTI) and had increased agitation and aggression primarily related to her confusion due to dementia. During visits, she required frequent redirection, was easily distracted, and had difficulty staying focused with very limited insight. Review of the online (Risperidone) Package Insert read in part: BLACK BOX WARNING: INCREASED MORTALITY IN ELDERLY PATIENTS WITH DEMENTI. -Elderly patients with dementia. treated with (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	01/07/2026

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	antipsychotic drugs are at an increased risk of death. RISPERDAL is not approved for use in patients with dementia-related psychosis. (5.1) .Risperidone is used to treat schizophrenia, bipolar disorder, or irritability associated with autistic disorder. This medicine should not be used to treat behavioral problems in older adults who have dementia. Using this medicine with any of the following medicines is usually not recommended: Citalopram/Celexa (which R5 was prescribed: Citalopram Hydrobromide Oral Tablet 20 MG (Citalopram Hydrobromide) Give 1 tablet by mouth at bedtime related to ANXIETY DISORDER, UNSPECIFIED dated 11/11/25 . During an interview/record review on 1/6/26 at 1:10 PM., Registered Nurse (RN) Y reported, any resident starting on an antipsychotic medication should have a complete assessment and well documented behaviors to ensure the medication is necessary. RN Y reported R5 was a very sweet resident who is fearful of dying, she has expressed loneliness and misses her family a lot. RN Y reported R5 had physician orders for anti-anxiety medication which should have been used when R5 was struggling with mood, behaviors, aggression and anxiety RN Y reported R5 also recently had a Urinary Tract Infection (UTI) which often causes increased behaviors in elderly residents, which can be mistaken for mood disorders, or other behaviors. Review of a facility Policy and Procedure read in part: Unnecessary Drugs-Without Adequate Indication for Use Date Implemented: 10/30/2020 Date Reviewed/ Revised: 10/26/2023 Policy: It is the facility's policy that each resident's drug regimen is managed and monitored to promote or maintain the resident's highest practicable mental, physical and psychosocial well-being free from unnecessary drugs. Indications for use is the identified, documented, clinical rationale for administering a medication that is based upon an assessment of the resident's condition and therapeutic goals, and is consistent with manufacturer's recommendations and/or clinical practice guidelines, clinical standards of practice, medication references, clinical studies, or evidence-based review articles that are published in medical and/or pharmacy journals.Policy Explanation and Compliance Guidelines: 1. The indications for initiating, withdrawing, or withholding medications(s), as well as the use of nonpharmacological approaches will be determined by assessing the resident's underlying condition, current signs, symptoms, expressions, preferences, and goals for treatment including identification of underlying causes (when possible).2. The attending physician will assume leadership in medication management by developing, monitoring, and modifying the medication regimen in collaboration with residents and/or representatives, other professionals, and the interdisciplinary team. Each resident's drug regimen will be reviewed on an ongoing basis. Resident #85 (R85) Review of R85's admission record revealed admission to the facility on [DATE] with diagnoses including heart failure, diabetes, Multiple Sclerosis (MS), spinal stenosis, muscle weakness and history of falling. An observation of medication administration on 1/6/2026 at 7:45 a.m., revealed R85's administered medications included inhaled doses of fluticasone-umeclidinium-vilanterol (Trelegy) and fluticasone-salmeterol (Advair). Review of R85's Note to Attending Physician/Prescriber, written by the facility's Consultant Pharmacist and dated 12/22/2025, revealed the following recommendation: This patient is on Trelegy and Advair (inhaled medications used to treat symptoms of COPD and Asthma) inhalers. This is duplicate therapy and potentially harmful to the patient. Please d/c (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	01/07/2026

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	(discontinue) the Advair inhaler. Further review of the Note revealed the physician responded to d/c Advair, in a written order in the Physician/Provider Response section, signed and dated 12/24/2025. Review of R85's December 2025 and January 2026 Medication Administration Record(s) (MAR) revealed active orders for both Trelegy and Advair daily. Further review revealed R85 was consistently administered both inhaled medications on a daily basis from 12/19/2025 through the date of the medication administration observation on 1/6/2026. During an interview on 1/6/2026 at 1:03 p.m., the Director of Nursing (DON) confirmed R85 continued to receive doses of both inhaled medications through the date of the interview due to a failure to discontinue the Advair inhaler per the pharmacy recommendation and physician order on 12/24/2025. Licensed Practical Nurse (LPN) O who was present during the interview reported he reviewed the physician order on 12/24/2025 per his initials on the bottom of the Note but was unsure why the medication was never discontinued. On 1/6/2026 at 2:42 p.m., the DON reported to the survey team, LPN O inadvertently discontinued R85's fluticasone nasal spray (Flonase, used to treat symptoms of nasal allergy symptoms) instead of the fluticasone-/salmeterol (Advair) inhaler. The DON confirmed R85 received unnecessary doses of the Advair inhaler after the pharmacy recommendation and physician's order to discontinue the medication. Further review of R85's December 2025 and January 2026 MARs revealed the following order: Oxycodone [opioid pain medication] oral tablet 5 MG [milligram]. Give 1 tablet by mouth every 6 hours as needed [PRN] for pain – severe . Start Date: 12/18/2025. Doses of oxycodone 5 mg were recorded as administered to R85 on 1/1/2026 at 11:09 a.m., 1/2/2026 at 9:55 a.m., 1/3/2026 at 9:42 a.m., 1/4/2026 at 11:09 a.m. and 1/5/2026 at 8:09 p.m. Further review of R85's electronic medication record (EMR) revealed no documentation of the use of non-pharmacological interventions prior to administering the PRN oxycodone. Review of R85's care plan revealed, Resident has/is at risk for pain . Offer non-pharmacological interventions to relieve pain and observe for effectiveness. Date Initiated: 12/18/2025. Resident #55 (R55) Review of R55's admission record revealed he was admitted to the facility on [DATE] and had diagnoses including dementia, alcohol dependence, constipation and pain. During an observation of medication administration on 1/7/2026 at 7:45 a.m., LPN P was observed preparing medications for administration to R55. LPN P was observed placing two acetaminophen 325 mg tablets into a cup with the remainder of R55's prescribed medications. LPN P stated, this isn't scheduled, I know I should ask [if he has pain] but I just know he wants it. LPN P then proceeded to enter R55's room and was observed administering R55's medications, including the acetaminophen 325 mg tablets to the Resident without asking if the Resident had pain or attempting the use of non-pharmacological interventions to relieve pain prior to the administration of the medication. LPN P (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	01/07/2026

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	then exited R55's room and returned to the medication cart. Review of R55's January 2026 MAR revealed the following order: Acetaminophen (non-opioid pain medication) oral tablet 325 MG. Give 2 tablets by mouth every 6 hours as needed [PRN] for pain . Date Initiated: 9/30/2025. Further review of the MAR revealed LPN P signed out the doses of acetaminophen 325 mg observed at 7:54 a.m. and listed a pain level of 4 (four on a scale of 10) for R55. Previous doses of the medication were recorded as administered on 1/2/2025 at 7:55 a.m. and 1/6/2025 at 11:17 a.m. Review of R55's EMR revealed no documentation of the use of non-pharmacological interventions prior to administering the PRN acetaminophen 325 mg tablets. Review of R55's care plan revealed, Resident has/is at risk for pain related to osteoarthritis . Offer non-pharmacological interventions to relieve pain and observe for effectiveness. Date Initiated: 9/30/2025. During an interview on 1/7/2026 at 1:35 p.m., the DON was queried to the process of administration of PRN pain medications. The DON reported a pain assessment should be completed and non-pharmacological interventions should be attempted prior to the administration of PRN pain medications. Review of the facility policy titled, Medications – PRN, last reviewed 1/30/2024, revealed the following: 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 . When administering a PRN medication . Document the reason voiced by the resident and/or the assessment findings that show why the resident needs the medication . It was noted the facility policy did not include instructions on the use of non-pharmacological interventions prior to the administration of PRN pain medications.

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	01/07/2026

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on observation, interview and record review, the facility failed to ensure a medication error rate at or below five percent (5%), with three errors out of 31 opportunities resulting in a medication error rate of 9.68%, affecting one Resident (#85) of four residents reviewed.Findings include:On 1/6/2025 at 7:42 a.m., Licensed Practical Nurse (LPN) M was observed preparing to administer R85's medications. LPN M began administration by handing R85 a Trelegy Ellipta 200 mcg (microgram) - 62.5 mcg - 25 mcg inhaler. R85 was observed attempting to slide the cover of the inhaler open but her hand slipped and she closed the inhaler at which time LPN M took the inhaler, slid open the lid to load a dose of the medication before handing it back to the Resident. R85 then held the mouthpiece against her lips, inhaled the medication and exhaled immediately following the inhalation of the medication.Immediately following administration of the Trelegy, LPN M handed R85 a medication cup with oral medications. R85 put the medications in her mouth followed by water and swallowed the medications. It was noted R85 did not rinse her mouth out after administration of the Trelegy or prior to swallowing the oral medications with water and no instruction to do so was provided by LPN M.Following administration of R85's oral medication, LPN M handed R85 a fluticasone-salmeterol (Advair) 250 mcg - 50 mcg inhaler. R85 held the inhaler with the mouthpiece pointed in the up position and used her left thumb to push the lever down to load a dose of medication but was unable to do so. LPN M assisted R85 by pressing the lever down as the inhaler was still being held in a vertical position by R85. R85 then put the mouthpiece in her mouth and inhaled the medication and immediately exhaled. R85 then took a drink of water from her over bed table and swished and swallowed the water. It was noted LPN M did not instruct R85 to position the inhaler so the mouthpiece and dose loading lever were in a horizontal position, to hold her breath for 10 seconds following administration of the medication, or to spit out the water she used to rinse her mouth after administration.Following administration of R85's inhalers and oral medication, LPN M proceeded to administer Humalog (rapid-acting insulin) KwikPen 15 units by subcutaneous injection into R85's right mid-abdomen, approximately two inches right of the umbilicus. After administration of the Humalog, LPN M reported R85 was also ordered to receive Lantus (long-acting insulin), but she had to retrieve a new pen from medication storage. Upon returning with the Lantus Solostar pen, LPN M prepared the insulin pen to deliver 60 units and asked R85 where she wanted this injection. R85 reported she would prefer the injection to be on left side of her abdomen, opposite from where she received the Humalog injection. LPN M agreed then used an alcohol swab to disinfect an area on R85's left mid-abdomen, then proceeded to inject the 60 units of Lantus insulin into R85's right mid-abdomen, approximately two inches to the right of the umbilicus and the same site she had injected the Humalog insulin.Review of the manufacturer's insert for Trelegy Ellipta, accessed on 1/7/2026, revealed instructions following inhalation of the medication to Rinse your mouth with water after you have used the inhaler and spit the water out. Do not swallow the water.Review of the manufacturer's insert for Advair, accessed on 1/7/2026, revealed instruction to hold the [inhaler] in a level, flat position with the mouthpiece toward you. Slide the lever away from the mouthpiece as far as it will g until it clicks . Do not tilt the [inhaler] . Put the mouthpiece to your lips. Breath in quickly and deeply . hold your breath for about 10 seconds . Rinse your mouth with water after breathing in the medicine. Spit the water out. Do not swallow it.Review of R85's January 2026 Medication Administration Record (MAR) revealed LPN M documented administration of R85's Humalog insulin as being injected in the Residents Abdomen - LUQ (left upper quadrant), opposite from the observed injection site of the right mid-abdomen.Review of the American Diabetes Association guideline titled, Insulin Routines, accessed 1/07/2026, insulin injection sites should be rotated. Further review of the guideline revealed Don't inject the insulin in exactly the same place each time . If you inject insulin near the same place each time, hard lumps or extra fatty deposits may develop. Both of these problems are unsightly and make the insulin action less reliable.On 1/7/2026 at 1:35 p.m., the Director of Nursing (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	01/07/2026

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	(DON) reported LPN M was not working and was unavailable for interview. The DON was queried regarding the observation of R85's medication administration observed on 1/06/2026. The DON reported nursing should be administering inhaled medications unless the Resident has been assessed as competent to administer their own medications. During a record review at the time of the interview, the DON reported R85 was not assessed for self-administration of medications, therefore nursing staff should be loading the doses of the inhalers and instructing the residents accordingly. When asked about correct procedures for insulin administration, the DON reported injection sites should be rotated and if two insulins are administered, they should be injected in different locations.