

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/21/2025
NAME OF PROVIDER OR SUPPLIER  Medilodge of Port Huron		STREET ADDRESS, CITY, STATE, ZIP CODE  5635 Lakeshore Fort Gratiot, MI 48059	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47964</b></p> <p>Based on observation, interview, and record review, the facility failed to apply a graded hand roll (hand splint used to assist with finger extension) and perform a range of motion (ROM) program for one resident (R74) of one resident reviewed for limited ROM. Findings include:</p> <p>On 5/19/25 at 11:39 AM, R74 was observed in bed with their right middle and ring fingers flexed unable to easily straighten. When asked if they wore a brace R74 stated, I have a thing for my hand, but no one is putting it on. At 2:00 PM, R74 was observed in bed not wearing a hand splint.</p> <p>On 5/20/25 at 10:30 AM, R74 was observed in bed not wearing a hand splint and confirmed no one has been in to work with their hand.</p> <p>Record review of R74's Electronic Health Record (EHR) revealed the most recent admission to the facility on [DATE] with diagnoses that included contracture of unidentified muscle, generalized muscle weakness, and acquired absence of left hip joint. Review of the Minimum Data Set (MDS) assessment dated [DATE] for R74 revealed a Brief interview for Mental Status (BIMS) of 15/15 intact cognition and substantial to maximum assist for upper body dressing and personal hygiene.</p> <p>Review of the Occupational Therapy (OT) Discharge Summary dated 4/11/25 revealed, Splint and brace program established. Pt (patient) to wear graded hand roll for 4 to 5 hours. Staff to provide assist with donning and doffing (putting on and taking off) and hygiene to decrease skin breakdown. Restorative program established = restorative ROM program restorative splint and brace program. ROM PROM (passive range of motion) to right hand before after donning graded hand roll after removing orthotic.</p> <p>Review of the OT Functional maintenance program sheet dated 4/14/25 revealed, ROM extremity R UE/hand (right upper extremity) graded handroll 4-6 hours 3-5 x/wk with ROM to be before graded hand roll. Splints R UE.</p> <p>Review of the orders, Kardex (care guide for the Certified Nurse Assistant), tasks and care plans did not reveal documentation of a restorative program.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/21/25 at 9:11 AM the Director of Nursing (DON) and Restorative Nurse (RN) A were interviewed and RN A said there was a break in the process, the therapy to restorative recommendation sheet was not brought to their attention to initiate the restorative program. RN A confirmed R74 did not begin the recommended restorative program and agreed R74 should receive the restorative program. The DON said the process was not followed and therapy should deliver the restorative recommendation to RN A to initiate restorative services.</p> <p>Review of the facility policy titled Restorative Nursing Programs revised 1/1/2022 revealed in part: The goal(s) of Restorative Nursing includes improving and/or maintaining independence in activities of daily living and mobility. A Restorative Nursing Program, when appropriate is based on the comprehensive assessment and resident. The following types of residents could benefit from a Restorative Program(s) but limited to: Contracture prevention and/or management. Areas that may indicate a referral to rehabilitation are warranted: End of therapy to continue goal achievement or maintenance and prevent decline. Restorative documentation requirements include Incorporated into the plan of care which is part of the clinical record.</p>		