

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235473	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/26/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Shoreline		STREET ADDRESS, CITY, STATE, ZIP CODE 14900 Shore Line Dr Sterling Heights, MI 48313	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44750</p> <p>This citation pertains to Intake MI00144522.</p> <p>Based on observation, interview, and record review, the facility failed to document and provide showers per resident preference and schedule for three residents (R902, R903, R904) of three residents reviewed for showers. Findings Include:</p> <p>R902</p> <p>On 6/26/2024 at 10:30 AM, R902 was observed in their bed. R902 stated they do not receive showers as they should and they have only received two showers since being in the facility. R902 stated they do receive bed baths but would much rather have a shower.</p> <p>R902 stated they feel as though staff won't give them showers because they are a bit bigger and the staff do not want to do the extra work.</p> <p>On 6/26/2024 at 10:57 AM, R902 was observed receiving a bed bath from two certified nursing assistants (CNA). One of the CNAs stated they were getting R902 up in the chair for the day and R902's shower days were Monday and Thursday.</p> <p>A review of the medical record revealed that R902 admitted into the facility on [DATE] with the following medical diagnoses, Obesity and Muscle Weakness. A review at the Minimum Data Assessment set revealed a Brief Interview for Mental Status score of 15/15 indicating an intact cognition. R902 also required assistance with bed mobility and transfers.</p> <p>A review of the shower documentation revealed that R902's shower days were scheduled for Monday and Thursdays between the hours of 3pm and 11pm. Further review of the shower documentation for the last thirty days revealed that R902 did not have a shower documented for the following days, 6/3,6/6,6/13,6/17, 6/20, and 6/24/24.</p> <p>40384</p> <p>R903</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 235473
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NAME OF PROVIDER OR SUPPLIER  Medilodge of Shoreline		STREET ADDRESS, CITY, STATE, ZIP CODE  14900 Shore Line Dr Sterling Heights, MI 48313	
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/26/24 at 11:52 AM, R903 was asked about receiving showers and explained that it has been awhile since they received an actual shower. R903 explained their scheduled shower days are scheduled during the afternoon shift however, there is often conflict between the day shift nursing assistants that work 7am-7pm, and the afternoon shift nursing assistants that work 7pm-7am regarding whose responsible for showering her, and as a result, she doesn't receive one at all.</p> <p>A review of R903's medical record revealed that they were originally admitted into the facility on [DATE] with diagnoses of Lymphedema, Major Depressive Disorder, and Muscle Weakness. Further review of the medical record revealed that the resident was cognitively intact and required two-person assistance for bed mobility, bathing, and transfers requiring a Hoyer lift.</p> <p>Further review of R903's medical record revealed no documented showers within the last 30 days for R903.</p> <p>On 6/26/24 at 1:07 PM, a request for R903's showers was made to facility, and not received by the end of the survey.</p> <p>R904</p> <p>6/26/24 at 12:02 PM, R904 was observed sitting in their room, meal tray sitting in front of them. R904 mentioned that they probably wouldn't receive their shower today, and that it had been about a week and a half since they last received one, as they don't receive them regularly.</p> <p>A review of R904's medical record revealed that they were admitted into the facility on [DATE] with diagnoses that included Cerebral Infarction, Dementia, Heart Disease, and Muscle Weakness. Further review revealed that the resident was cognitively intact, and required two-person assistance for bathing.</p> <p>On 6/26/24 at 1:07 PM, a request for R904's showers was made to the facility, and not received by the end of the survey.</p> <p>On 6/26/2024 at 2:09 PM, an interview was conducted with the Director of Nursing (DON). The DON stated recently many of the staff aren't documenting the showers because they state they do not have access to do so. The DON stated they are telling the staff if they do not have access then they need to let a manager know so they can get access right away.</p> <p>A review of the facility's Activities of Daily Living (ADLs) policy was reviewed and revealed the following, 3. A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene .</p>		