

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  10/17/2024
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>34851</p> <p>Based on observation, interview, and record review the facility failed to provide care in a dignified manner, for one sample resident (R49) of seven reviewed for dignity. Findings include:</p> <p>On 10/16/24 at 6:50 AM, R49 reported there was an incident with two Certified Nursing Assistants (CNA) while they were receiving care. R49 continued and explained, two CNAs (CNAs F and G) entered their room to assist with care, then CNA G asked R49 about a comment R49 made about the CNAs. R49 reported they felt like CNA G was intimidating them by confronting them about their comment. R49 stated during the conversation CNA G made the comment, because they are not allowed to hit R49, she took a hygiene product and poured in down the bathroom sink. R49 stated it was reported and the CNAs were removed from their room and no longer provide care to them.</p> <p>On 10/16/24 at 11:05 AM, the Unit Manager confirmed that R49 reported CNA G poured out their hygiene product down the bathroom sink and the facility completed an investigation.</p> <p>On 10/16/24 at 11:23 AM, CNA G was called, the phone message stated the phone was disconnected.</p> <p>A review of CNA G's personal file noted, Performance improvement form dated 9/19/24. Reason: Resident stated employee used inappropriate language and threw away resident belongings.</p> <p>On 10/17/24 at 2:33 PM, the Nursing Home Administrator (NHA) reported we replaced the hygiene product and CNA G was suspended for the allegations. The NHA explained, the staff should not have brought any alleged comments up to any residents.</p> <p>On 10/17/24 at 2:36 PM, CNA F explained, CNA G asked for assistance with R49 and while we were helping R49 CNA G asked R49 if they made a comment about them, R49 said they did, and CNA G and R49 continued to go back and forth about the comment. CNA F explained they tried to get them to stop and to let it go but they kept going. CNA F explained they did not see CNA G pour anything out during that time. CNA F also reported CNA G did use an expletive word during the conversation with R49.</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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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's policy titled Promoting/Maintaining Resident Dignity dated, 10/30/23, noted, Policy: It is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment, that maintains or enhances resident's quality of life by recognizing each resident's individuality. Compliance Guidelines: . 10. Speak respectfully to residents; avoid discussing about residents that may be overheard. 11. Respect the residents' living space and personal possessions .</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49699</p> <p>This citation pertains to MI00147323</p> <p>Based on observation, interview, and record review the facility failed to ensure communication needs were met for one resident (R10) of three residents reviewed for communication. Findings include:</p> <p>A review of the admission record revealed R10 was admitted on [DATE] with the following pertinent diagnoses: Dysphagia, Protein Calorie Malnutrition, Adjustment Disorder with Anxiety, Restlessness and Agitation. R10 spoke Arabic.</p> <p>On 10/15/24 at 9:00 AM, R10 was observed with head of bed elevated and the overbed table was across the bed with food debris visible. When R10 was queried, they were unable to respond verbally, responded with questioning look on face.</p> <p>On 10/15/24 at 11:40 AM, Certified Nursing Assistant (CNA) I was queried on R10's method of communication. CNA I revealed they verbalize what they are doing, use some gestures and if resident says no or becomes upset they stop and return later. CNA I revealed they were not aware of a communication board.</p> <p>On 10/15/24 at 11:50 AM, Unit Manager (UM) C revealed resident is unable to use a communication board. UM C further revealed R10 is often resistant to care and combative.</p> <p>Review of R10's Communication Care Plan, initiated 1/2/24, did not reveal an intervention for the use of a communication board.</p> <p>On 10/15/24 at 12:10 PM, an unknown family member was noted preparing to assist R10 with the lunch meal. Upon introduction, the family member responded, I do not speak English.</p> <p>Review of the Social Service Progress Note by Social Work Director M, dated 10/10/24 revealed the Social Service Director met with the resident on a 1:1 basis to complete quarterly review. Resident has a language barrier and speaks Arabic. BIMS (Brief Interview for Mental Status) and PHQ-9 (Patient Health Questionnaire-9, a diagnostic tool to screen for presence and severity of depression) unable to complete. Resident is their own RP (Responsible Person). Communication interventions do not include translators or a communication board.</p> <p>On 10/16/24 at 2:45 PM the Director of Social Work (SW) M revealed they have not been involved in developing any communication boards to date. They revealed they prefer family to translate, but has not used family for R10 interviews. SW M was familiar with the availability of translation companies and of staff who can provide translation. SW M revealed they conduct one to one interview by observation, interaction with family, gesturing and observation in different situations. SW M was unable to verbalize how they interview non-English speaking residents and family.</p> <p>Review of R10's medical record revealed there is no documentation a translator was involved when SW M completed the initial assessment or subsequent care conferences.</p> <p>(continued on next page)</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/16/24 at 3:45 PM, an email request was made to the Nursing Home Administrator (NHA) for the following items: Education provided regarding Non-English speaking residents, list of other resources such as those used for translation services, the qualifications of staff members who provide translation services, and a list of vital documents the facility may have already translated, specifically for admission. These items were not received by 5:30 PM on the last day of survey.</p> <p>On 10/16/24 at 4:46 PM, Social Worker M revealed there was not a translator present for the quarterly review, for BIMs, or PHQ-9.</p> <p>On 10/16/24 at 4:47 PM, the previous Director of Social Work (SW) N revealed the Activities Director (AD) develops specific communication boards. SW N revealed they used trusted family members, staff people, and the telephone translation companies to conduct necessary interviews. They revealed at times the Brief Interview for Mental Status (BIMS) is unable to be completed secondary to language barriers.</p> <p>On 10/17/2024 at 2:00 PM, R10's Family Member U was entering R10's room. Upon introduction was told, I do not speak English, I will call my son. Family Member V was called to translate the conversation and revealed that R10 is sometimes resistant to care. Family Member V further revealed they were not asked to help with providing communication to R10 in a way resident could understand.</p> <p>A review of the facilities policy titled Communicating with Persons with Limited English Proficiency(LEP), revised 1/1/2022, revealed the following: The Social Services Director will be responsible for obtaining access to a qualified interpreter. In the absence of the Social Services Director, the responsibility will fall to the Director of Nursing or Nurse Manager on duty. The policy further states, a. Except in emergencies, family members or friends will not be used as interpreters unless specifically requested by that individual, and after the LEP person has understood that an offer of an interpreter at no charge to the person has been made by the facility. b. The facility will document the offer of an interpreter and the resident's response in the resident's medical record .The policy also provides for communication of information contained in vital documents, including but not limited to, waivers of rights, consent to treatment forms, and financial and insurance benefit forms. 8. c. The Administrator will maintain a list of vital documents that have been translated into various languages (provide list). 9. All staff will be provided notice of this policy, and staff that may have direct contact with LEP individuals will be trained in effective communication techniques, including the effective use of an interpreter .</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44750</b></p> <p>Based on interview and record review, the facility failed to hold medication per medication parameters for one resident (R102) out of four reviewed for medication administration. Findings include:</p> <p>A review of the medical record revealed R102 admitted into the facility on [DATE] with the following diagnoses, Essential Hypertension and Rheumatoid Arthritis. A review of the Minimum Data Set (MDS) assessment revealed a Brief Interview for Mental Status (BIMS) of 14/15 indicating an intact cognition. R102 also required staff assistance with bed mobility and transfers.</p> <p>Further review of the physician orders revealed the following, Amlodipine Besylate Tablet 10 MG (milligram)-Give one tablet by mouth one time a day for HTN (Hypertension) HOLD FOR SBP (Systolic Blood Pressure) &lt;120.Start Date:7/10/2024</p> <p>A review of the Medication Administration Record (MAR) for July 2024 revealed the Amlodipine was administered with a SBP &lt;120 on the following days with the following blood pressures, 7/10-119/78, 7/16-118/78,7/18-114/69,7/21-119/78,7/25-117/73, and 7/26/24-117/67.</p> <p>Further review of the progress notes did not show any notification to the physician regarding the medication being given despite the parameters in place.</p> <p>On 10/17/2024 at 10:29 AM, an interview was conducted with Unit Manager (UM) C. UM C stated they will be talking to the nurses administered the medication and doing education. UM C stated if a medication has parameters, then it should be followed.</p> <p>On 10/17/2024 at 1:26 PM, an interview was conducted with the Director of Nursing (DON). The DON stated they expect the nurses to follow the parameters with medications.</p> <p>A review of a facility policy titled, Physician/Practitioner Orders-Consulting did not address medication parameters.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44750</p> <p>Based on observation, interview, and record review, the facility failed to provide and document indwelling catheter care (tube inserted into the bladder to drain urine) for one resident (R63) out of two reviewed for an indwelling catheter. Findings include:</p> <p>On 10/16/2024 at 8:30 AM, R63 was observed laying in bed. R63 was noted to have an indwelling catheter. R63 stated they have had a catheter since their last admission into the facility.</p> <p>A review of the medical record revealed R63 admitted into the facility on [DATE] with the following diagnoses, Urinary Tract Infection and Sever Sepsis with Septic Shock. A review of the Minimum Data Set revealed a Brief Interview for Mental Status score of 15/15 indicating an intact cognition. R63 also required staff assistance with bed mobility and transfers.</p> <p>A review of the physician orders revealed the indwelling catheter orders for catheter care were not entered until 10/14/2024 and 10/15/2024.</p> <p>On 10/16/2024 at 10:54 AM, an interview was conducted with Unit Manager (UM) B regarding the catheter orders being put in almost two months after admission. UM B stated they went in and entered the orders and revised them.</p> <p>On 10/17/2024 at 1:28 PM, an interview was conducted with the Director of Nursing (DON). The DON stated they happened to catch the orders were not in the other day. The DON stated upon admission they go over all the orders and look at them during morning meeting and were unsure how the catheter care orders were missed.</p> <p>A review of a facility policy titled, Appropriate Use of Indwelling Catheters noted the following, 4. The use of an indwelling urinary catheter will be in accordance with physician orders, which will include the diagnosis or clinical condition making the use of the catheter necessary, size of the catheter, and frequency of change (if applicable).</p>		

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<p>F 0691</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate colostomy, urostomy, or ileostomy care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49699</p> <p>Based on observation, interview, and record review, the facility failed to properly care for and document colostomy care for one (R88) of one resident reviewed for ostomy care. Findings include:</p> <p>On 10/15/24 at 09:15 AM, R88 revealed they have a new ostomy. R88 further revealed the appliance does not stay on, always leaks, and their skin hurts. R88 further revealed they have not been educated on how to put the appliance on because they can only use one hand.</p> <p>Review of the admission record revealed R88 was admitted to the facility on [DATE] with the following relevant diagnoses: Partial Intestinal Obstruction, Colostomy, Mild Cognitive Impairment, Hemiplegia and Hemiparesis affecting Right Dominant Side following Cerebral Infarction, and Aphasia.</p> <p>On 10/16/24 at 9:00 AM, R88 revealed their ostomy was changed by the night shift because it was leaking again.</p> <p>Review of R10's medical record failed to reveal any documentation of the ostomy appliance leaking, of the skin condition of the ostomy site, or that the NP (Nurse Practitioner)/MD (Medical Doctor) had been notified.</p> <p>On 10/16/24 at 12:30 PM, an interview with the Wound Care Nurse (WCN)Q revealed R88's skin under the ostomy wafer had declined since admission. They further revealed they were not advised or were unaware the ostomy was frequently leaking. WCN Q revealed frequent leaking could be determined by the supplies used. WCN Q revealed the ostomy site was not pictured (as wounds were) on admission. Inquiry regarding the location of documentation about the ostomy site revealed the WCN Q did not document the condition of the site. WCN Q revealed when there is an issue with an ostomy site, they would discuss with the NP/MD. WCN Q revealed education was not provided to R88 because they have communication difficulties and word finding trouble.</p> <p>On 10/16/24 at 1:24 PM Nurse Practitioner (NP) P revealed her examination of the ostomy site was through the appliance. NP P revealed they were unaware the appliance had been leaking or that skin under the appliance was deteriorating. Further discussion revealed they trusted the WCN Q would be able to manage the appliance and any difficulties.</p> <p>On 10/16/24 at 4:30 PM the Director of Nursing (DON) revealed documentation for an ostomy, should include a description of skin and surrounding area. The DON further revealed, if there are multiple appliance changes outside of the order, those should also be documented. The DON revealed that R88's family member discussed the ostomy supplies with the Nursing Home Administrator (NHA) so the correct supplies could be ordered. The DON revealed the NP/MD should be made aware of any complications with the appliance and ostomy site.</p> <p>On 10/17/24 at 10:00 AM an observation of R10's ostomy site with WCN Q, revealed R10's skin around the stoma was excoriated. WCN Q revealed R88 had an ostomy belt on admission that was missing and reordered. The ostomy belt was used after reapplication during this change. WCN Q revealed the appliance may not be correct for this resident and reason for the leakage.</p> <p>(continued on next page)</p>		

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<p>F 0691</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R88's care plan, initiated identified interventions to include observing the skin integrity at the stoma site and report signs of irritation redness, and/or rashes to Physician/NP/PA (Physicians Assistant). Observe stoma site for complications when colostomy appliance is changed. Provide teaching to resident/family about colostomy care.</p> <p>Review of R88's Treatment Administration Record (TAR) the order, applying a new wafer with bag as needed, reveals no additional ostomy appliance changes were documented.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44750</b></p> <p>Based on observation, interview and record review, the facility failed to implement nutritional interventions for one resident (R63) out of two reviewed for nutrition. Findings include:</p> <p>On 10/16/2024 at 8:27 AM, R63 was observed eating breakfast. R63 was sitting leaned off to the side with visible tremors in their hand. R63 was noted to have food on the floor, as well as on their clothes. R63 stated they ate by themselves with no assistance for all meals, but they could use a little help. R63 was noted to try and drink some orange juice from a regular cup and stated they needed to put a straw in it. A two handled cup was observed on the meal tray, flipped upside down.</p> <p>A review of the meal ticket on the tray documented R63 was supposed to have 1:1 assistance with eating, and a two handled cup with a lid for beverages.</p> <p>A review of the medical record revealed that R63 admitted into the facility on [DATE] with the following diagnoses, Urinary Tract Infection and Sever Sepsis with Septic Shock. A review of the Minimum Data Set revealed a Brief Interview for Mental Status score of 15/15 indicating an intact cognition. R63 also required staff assistance with bed mobility and transfers.</p> <p>On 10/16/2024 at 12:12 PM, R63 was observed leaning towards their right-side eating lunch. Tremors were noted in their hands, resulting in lunch foods falling off the fork and onto their clothing. No staff were present in the room to assist with feeding.</p> <p>On 10/17/2024 at 11:46 AM, R63 was observed in their room with their lunch tray in front of them. R63 was observed with a cup of orange juice in their hand and sleeping. A two handled cup was noted on the tray flipped upside down.</p> <p>On 10/17/2024 at 11:53 AM, the Director of Nursing (DON) was brought into R63's room and asked if they were supposed to have 1:1 assistance with feeding, as well as their orange juice in the empty two handled cup. The DON looked at the meal ticket and stated they were supposed to have assistance. The DON then poured the orange juice in the empty two handled cup.</p> <p>On 10/17/2024 at 12:24 PM, an interview was conducted with Registered Dietitian (RD) D. RD D stated the two handled cup was put in place for independence with being able to drink and the 1:1 assistance because R63 had a decrease in intake and had lost weight. RD D stated R63 should still be receiving 1:1 assistance with feeding and the two handled cup which are interventions are on the care plan, as well as on the tray ticket.</p> <p>A review of a facility policy titled, Activities of Daily Living (ADLs) noted 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>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44750</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure one resident (R63) out of four reviewed for medication administration were free of any significant medication errors. Findings include:</p> <p>On 10/16/2024 at 9:12 AM, 9:00 AM medication administration was completed with Licensed Practical Nurse (LPN) A for R63.</p> <p>A review of the physician orders revealed the following,</p> <p>Furosemide Oral Tablet 20 MG (Milligrams) (diuretic). Directions: Give 1 tablet by mouth one time a day related to ESSENTIAL (PRIMARY) HYPERTENSION (I10). Time: 0900 (9:00 AM).</p> <p>Famotidine Oral Tablet 20 MG (antacid). Directions: Give 1 tablet by mouth one time a day related to GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS (K21.9). Time: 0600. (6:00 AM)</p> <p>LPN A was observed putting medication in the cup and clicking off the medicine as yes on the Medication Administration Record (MAR) as they put the medicine in the cup. LPN A was then observed taking the Famotidine (due at 6:00 am) 20 MG cartridge and checking off the Furosemide (due at 9:00 am) 20 MG on the MAR. LPN A was then asked by surveyor what medication did they put in the medicine cup to administer, and LPN A stated they put R63's Furosemide in the medicine cup. LPN A then showed the surveyor the cartridge that was labeled Famotidine 20 MG. LPN A stated, Oh I thought that was the Furosemide, let me take that out. LPN A then removed the pill from the medicine cup.</p> <p>A review of the medical record revealed that R63 admitted into the facility on [DATE] with the following diagnoses, Urinary Tract Infection and Sever Sepsis with Septic Shock. A review of the Minimum Data Set revealed a Brief Interview for Mental Status score of 15/15 indicating an intact cognition. R63 also required staff assistance with bed mobility and transfers.</p> <p>On 10/17/2024 at 11:24 AM, an interview was conducted with the Director of Nursing (DON). The DON stated they will have to do an education regarding medication pass and medication names.</p> <p>A review of the medical record revealed R63 admitted into the facility on [DATE] with the following diagnoses, Urinary Tract Infection and Sever Sepsis with Septic Shock. A review of the Minimum Data Set revealed a Brief Interview for Mental Status score of 15/15 indicating an intact cognition. R63 also required staff assistance with bed mobility and transfers.</p> <p>A review of a facility policy titled, Medication Administration noted the following, 11. Compare medication source with MAR to verify resident name, medication name, form, dose, route, and time of administration .</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50223</p> <p>Based on observation, interview, and record review, the facility failed to properly store and secure medications for one resident (R48) out of one resident reviewed for medication storage. Findings include:</p> <p>On 11/14/24 at 12:11 PM, R48 was observed lying in bed. Nystatin powder and Hydrocortisone cream were observed on R48's bedside table. R48 explained the facility staff applies the powder and cream and they leave it at R48's bedside.</p> <p>A review of R48's record revealed they were admitted to the facility on [DATE] with a diagnosis of chronic obstructive pulmonary disease. A review of R48's Brief Interview for Mental Status revealed a score of 13, indicating mild cognitive impairment.</p> <p>Further review of R48's medical record revealed the following active medication order: Apply Hydrocortisone ointment 1% to left forearm and right upper chest and shoulder every day and evening shift for rash for 7 days and every 8 hours as needed for rash/itching.</p> <p>A review of R48's medical record also revealed the following discontinued order: Nystatin External Powder 10000 unit/gm apply to bilateral skin folds topically two times a day for skin candidiasis until 07/04/2024.</p> <p>On 11/14/24 at 2:56 PM, during an interview the Director of Nursing explained medications should not be kept at a residents bedside.</p>

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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 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>49699</p> <p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on interview and record review, the facility failed to ensure the Quality Assessment and Assurance (QAA) meetings were held quarterly, for two of four meetings, potentially affecting all of the 103 residents currently residing in facility resulting in delayed identification and resolution of identified issues. Findings include:</p> <p>On 10/17/24 at 12:30 PM, a meeting was held with the Nursing Home Administrator (NHA) regarding Quality Assurance (QA) activities at the facility. A review of the sign in sheets (to confirm at least three staff were present who were knowledgeable of facility systems and oversight) revealed there was no sign in sheet for March and June 2024. The NHA confirmed there were no QA meetings held during those two months.</p> <p>A review of the facility's policy titled, QAPI (Quality Assurance Performance Improvement) Plan, dated 10/24/22, indicates: a. The governing body and/or executive leadership is responsible and accountable for the QAPI program. The Governing oversight responsibilities include, but are not limited to: i. Approving the QAPI plan annually, and as needed. ii. Ensuring the program is sustained during transitions in leadership and staffing. (At the facility level, regional level and the corporate level.) . c. The QAA Committee shall communicate its activities and the progress of its subcommittee activities to the governing body .at least quarterly, with a formal meeting no less than annually .</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44750</b></p> <p>Based on observation, interview, and record review the facility failed to change an indwelling catheter (tube inserted into the bladder to drain urine) with a urinary tract infection for one resident (R39) out of two reviewed for indwelling catheters. Findings include:</p> <p>On 10/15/2024 at 12:47 PM, R39 was observed to have an indwelling catheter hanging off their wheelchair. R39 stated they recently had a Urinary Tract Infection (UTI) and they were still having symptoms although they were finished with antibiotics. R39 stated they have not had their catheter changed since being admitted into the facility on [DATE].</p> <p>A review of the medical record revealed R39 admitted into the facility on [DATE] with the following diagnoses, Sever Sepsis without Septic Shock and Neuromuscular Dysfunction of Bladder. A review of the Minimum Data Set (MDS) assessment revealed a Brief Interview for Mental Status (BIM) score of 15/15 indicating an intact cognition. R39 also required staff assistance for bed mobility and transfers.</p> <p>A review of the physician orders revealed the following, Date: 8/9/2024. Directions: Change indwelling catheter 14 fr (French) balloon 30cc (cubic centimeters) r/t (related to): wounds PRN (as needed) as clinically indicated: s/s (signs/symptoms) of obstruction leakage, increased sediment, etc., infection, or if closed system was compromised as needed for catheter care.</p> <p>Further review of the Medication Administration Record (MAR) for August, September and October (2024) did not document R39's catheter as being changed since admission.</p> <p>On 10/16/2024 at 12:47 PM, an interview was conducted with the Infection Control (IC) Nurse H. IC H stated R39 had an UTI as well as Covid. IC H stated they thought the indwelling catheter was changed and it should have been changed when they collected the urinalysis analysis sample.</p> <p>On 10/16/2024 at 10:53 AM, an interview was conducted with Unit Manager (UM) C. UM C stated they just ordered a new Urine Analysis for R39, however were unsure about the policy regarding changing an indwelling catheter when a resident had an infection.</p> <p>On 10/17/2024 at 1:27 PM, an interview was conducted with the Director of Nursing (DON). The DON stated they have never changed an indwelling catheter following an UTI in the facility, only if there was sediment or if it was clogged.</p> <p>A review of a facility policy titled; Appropriate Use of Indwelling Catheters did not address indwelling catheter changing with infections.</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34851</p> <p>This citation pertains to Intake MI00147288.</p> <p>Based on observation, interview, and record review, the facility failed to maintain a pest-free environment, resulting in gnats throughout the common areas of the facility and throughout residents rooms. This deficient practice had the potential to affect all 130 residents who reside in the facility. Findings include:</p> <p>On 10/15/24 at 9:18 AM, during initial tour room [ROOM NUMBER] bed two trash can was observed to gnats laying on and inside of the trash can. The trash can was without a liner/trash bag on the inside of the can.</p> <p>On 10/15/24 at 9:39 AM, during initial tour room [ROOM NUMBER] bed two trash can was observed to gnats laying on and inside of the trash can. The trash can was without a liner/trash bag on the inside of the can.</p> <p>On 10/16/24 at 8:02 AM, during the medication administration observation gnats were observed flying around the medications cart. The Nurse was observed to use their hands to swat the gnats away.</p> <p>On 10/16/24 at 8:18 AM, room [ROOM NUMBER] was observed to have a number of gnats flying around in the room. The night stand drawer next to bed one was observed to be practically open with gnats laying on the drawer. The Nurse was asked if the resident had food in the drawer, the drawer was observed with food itmes that had spilled into the drawer. As the Nurse opened to the drawer, a large amount of gnats were observed to begin to fly all around the room.</p> <p>10/17/24 at 2:33 PM, room [ROOM NUMBER] bed one privacy curtain was observed with multiple gnats lying on the curtain.</p> <p>49699</p> <p>On 10/15/24 at 11:11, Housekeeper K revealed there have been gnats in many rooms.</p> <p>On 10/15/24 at 10:30 AM a gnat was observed flying around R72's face.</p> <p>On 10/15/24 at 10:32 AM Housekeeper J revealed there were gnats in several rooms because of food residents keep.</p> <p>40330</p> <p>On 10/15/24 at 10:07 a.m., R58 was observed in their hospital bed in room [ROOM NUMBER], bed 1. Flies and gnats were observed flying in R58's room. R58 confirmed they noticed the gnats in the room frequently.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 10/15/24 at 10:45 a.m., Flies and gnats were observed smarming above R35's bed, R58's roommate, in bed 2. R35 stated this bothered them and they reported their concerns to the facility in the past month yet they still had insects in their room.</p> <p>On 10/15/24 at 12:24 p.m., License Practical Nurse (LPN) R was asked about the flies and gnats in room [ROOM NUMBER]. LPN R reported a resident's family brought in fruit a few doors down, room [ROOM NUMBER], bed 2, and they believed this started the problem. LPN R acknowledged they continued to observe the gnats on the unit and in residents' rooms.</p> <p>On 10/17/24 at 8:13 a.m., the Housekeeping Supervisor, Staff S, was asked about the flies and gnats in residents' rooms. Staff S reported they were aware of the ongoing concern, and stated it started when a resident's family in room [ROOM NUMBER] brought fresh fruit, including ripened bananas, into the facility.</p> <p>On 10/17/24 at 2:20 p.m., the Director of Nursing (DON) was asked about the observations of the flies and gnats in the residents' rooms in the facility. The DON confirmed they understood the concern and planned to follow-up.</p> <p>Review of a pest control service report dated 9/20/24 noted: In room [ROOM NUMBER], recently cleaned due to fruit spoilage, there was a garbage can filled with food debris-milk, banana peels, and other items-without a bag .Housekeeping must ensure bags are always in trash cans. If any organic material escapes, the bins need to be cleaned and sanitized. Regular cleaning of floors is also necessary to address stickiness that can attract gnats.</p> <p>A review of the facility's policy titled Pest Control Program dated, 01/01/2022, noted, Policy: It is the policy of this facility to maintain an effective pest control program that eradicates and contains common household pest and rodents. Definition: Effective pest control program is defined as measures to eradicate and contain common household pest (e.g., bed bugs, lice, roaches, ants, mosquitoes, flies, mice, and rats.) .</p>		