STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235490	A. Building B. Wing	07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Mt. Pleasant	1524 Portbella Road Mt. Pleasant, MI 48858

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 - Some	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 maintain best practices in the kitchen resulting in the potential to spread foodborne illness to all residents that consume food from the kitchen. Findings include: On 07/29/2025 at 9:55 AM, during the initial walkthrough of the kitchen it was observed that the drain line for the ice machine did not have an air gap, the drain line was below the flood rim of the drain.^^ According to the 2022 FDA Food Code section 5-402.11 Backflow Prevention. (A) Except as specified in (B), (C), and (D) of this section, a direct connection may not exist between the SEWAGE system and a drain originating from EQUIPMENT in which FOOD, portable EQUIPMENT, or UTENSILS are placed. On 07/29/2025 at 11:25AM, Dietary [NAME] H was observed using the hand sink to fill water pitchers, pitchers were then observed being placed in refrigerator. On 07/30/2025 at 12:22 PM during interview with Certified Dietary Manager (CDM) K, when asked where pitchers were filled, CDM K indicated the process was to fill pitchers from the prep sink. ^According to the 2022 FDA Food Code section 5-205.11 Using a Handwashing Sink. (A) A HANDWASHING SINK shall be maintained so that it is accessible at all times for EMPLOYEE use. (B) A HANDWASHING SINK may not be used for purposes other than handwashing. (C) An automatic handwashing facility shall be used in accordance with manufacturer's instructions.

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
	235490	A. Building B. Wing	07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Mt. Pleasant	1524 Portbella Road Mt. Pleasant, MI 48858

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 - Some	Provide and implement an infection prevention and control program. Based on observation, interview and record review, the facility failed to have an active plan for reducing the risk of legionella and other opportunistic pathogens of premise plumbing (OPPP). This deficient practice has the increased potential to result in waterborne pathogens to exist and to spread in the facility's plumbing system and an increased risk of respiratory infection among any or all the residents in the facility. Findings include: On 7/29/2025 at 1:32 PM, observation noted at time of walkthrough of the facility with Maintenance Director (MD) F and Maintenance Director (MD) B; in the shower room on B Hall, there were water lines coming out of the wall and not attached to any equipment. MD B indicated that the lines were previously used for a tub, but it had been removed and were unaware of the lines used for other purposes. MD B and MD F were asked at that time if there was a flushing schedule for the facility. MD B stated there was no set flushing schedule for the facility but that the lines for the residents' rooms were flushed when the room had been empty and a resident was going to now occupy the room, and the facility lines were flushed if there was a positive Legionella sample. On 7/29/2025 at 1:50 PM, observed in shower room on D Hall, curtained off area that is plumbed as a shower but was currently in use as storage for a lift and 2 shower chairs. MD F was unaware if this shower was in use and if not in use if the lines were being flushed. On 7/31/2025 Operations Maintenance and Control Limits document, undated, from the water management plan was provided for review, this written document indicates that there is a flushing schedule for facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235490	A. Building B. Wing	07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Mt. Pleasant	1524 Portbella Road Mt. Pleasant, MI 48858

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure call lights were in reach for 2 dependent residents (R5 and R20) of 4 residents reviewed for availability of call lights. Findings include:R5Review of an admission Record revealed R5 admitted to the facility on [DATE] with pertinent diagnoses which included difficulty in walking and generalized anxiety disorder.Review of current activities of daily living Care Plan interventions for R5, initiated 10/1/2023, directed staff to place the resident's call light within reach and encourage the resident to use the call light to request assistance as needed.In an observation and interview on 7/29/2025 at 10:43 AM in R5's room, R5 was in her bed and her call light was under the end of her bed and out of reach. R5 reported she was able to use her call light to request assistance but sometimes the call light was left out of her reach.In an interview on 7/31/2025 at 11:44 AM, Certified Nursing Assistant (CNA) C reported R5 was able to use her call light to call for assistance.R20Review of an admission Record revealed R20 admitted to the facility on [DATE] with pertinent diagnoses which included overactive bladder and anxiety.Review of current activities of daily living Care Plan interventions for R20, initiated 7/27/2023, directed staff to place the resident's call light within reach and encourage the resident to use the call light to request assistance as needed.In an observation and interview on 7/29/2025 at 10:31 AM in R20's room, R20 was in her bed and her call light was hanging off the head of the bed behind the headboard and out of reach of the resident. R20 reported she was normally able to use her call light but could not find it.In an interview on 7/31/2025 at 11:44 AM, Certified Nursing Assistant (CNA) C reported R20 was able to use her call light to call for assistance.Review of facility policy/procedure Call Lights: Accessibility and Timely Response, Revised 12/28/2023, revealed .The purpose of this policy is to assure the facility is adequately equipped with a call light at each residents' bedside, toilet, and bathing facility to allow residents to call for assistance. Staff are educated in the proper use of the resident call system, including how the system works and ensuring resident access to the call light.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235490	A. Building B. Wing	07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Mt. Pleasant	1524 Portbella Road Mt. Pleasant, MI 48858

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify the resident's representative of a fall with injury for 1 resident (R2) of 2 residents reviewed for falls.Findings include:Review of an admission Record revealed R2 admitted to the facility on [DATE] with pertinent diagnoses which included dementia and muscle weakness. Further review revealed R2 had two activated medical Power of Attorney's (POA).Review of R2's Un-witnessed Fall report dated 1/11/2025 at 6:45 PM revealed R2 fell in his room and sustained a superficial cut to his right eye and was experiencing wrist pain. Further review revealed nursing staff contacted the on-call nurse and physician but there was no documentation that the medical POA was contacted.In a telephone interview on 7/31/2025 at 10:14 AM, POA of R2 A reported she did not receive notification from the facility on 1/11/2025 when he fell.Review of R2's fall follow up Standards of Care Meeting documentation, dated 1/13/2025 at 2:57 PM, revealed documentation that R2's responsible party was notified of the fall with injury on 1/11/2025. Further review of R2's progress notes revealed no confirmation that the responsible party was notified the evening of 1/11/2025.In an interview on 7/31/2025 at 10:44 AM, the Director of Nursing (DON) reviewed documentation from the electronic medical record and reported she did not have any documentation to verify R2's responsible party was contacted at the time of his fall with injury on 1/11/2025. The DON reported that the responsible party should have been notified at the time of this fall with injury.Review of facility policy/procedure Notification of Changes, revised 8/29/2024, revealed .The purpose of this policy is to ensure the facility promptly informs the resident, consults the resident's physician; and notifies, consistent with his or her authority, resident's representative when there is a change requiring notification. circumstances requiring notification include. accidents resulting in injury.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235490	A. Building B. Wing	07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Mt. Pleasant	1524 Portbella Road Mt. Pleasant, MI 48858

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to implement care planned fall interventions for 1 resident (R2) of 2 residents reviewed for falls.Findings include:Review of an admission Record revealed R2 admitted to the facility on [DATE] with pertinent diagnoses which included dementia and muscle weakness. Review of a current risk for fall Care Plan intervention for R2, initiated 8/25/2023, revealed R2 was to have grip strips in front of the toilet in his bathroom.In an observation on 7/30/2025 at 3:29 PM in R2's bathroom there were no grip strips in front of the toilet.In an interview on 7/31/2025 at 10:26 AM, the Director of Nursing (DON) reported she was not aware grip strips were not in R2's bathroom. The DON reported the floor might have been waxed and the grip strips not replaced afterwards.Review of facility policy/procedure Comprehensive Care Plans, revised 6/30/2022, revealed .It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235490	A. Building B. Wing	07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Mt. Pleasant	1524 Portbella Road Mt. Pleasant, MI 48858

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to correctly label an ordered tube feeding for one resident (Resident #69) out of three residents reviewed for tube feeding. Findings: Resident #69 (R69)Review of an admission Record revealed R68 was a [AGE] year-old male, last admitted to the facility on [DATE], with pertinent diagnoses of acute respiratory failure that required a tracheostomy and tube feed for nutrition and hydration. During an observation on 07/29/25 at 1:09 PM, the tube feed bag for R69 contained the following information on the bag: (a) 07/28/25, and (b) 1600 (4 PM). During an interview on 07/31/25 at 8:20 AM, Unit Manager/Registered Nurse (UM/RN) N indicated that the expectation for labeling tube feed bags included the nurse's initials, the date and time the feed was started, the ordered rate of the feed, the residents name, and the type of formula used.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235490	A. Building B. Wing	07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Mt. Pleasant	1524 Portbella Road Mt. Pleasant, MI 48858

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to (a) offer ordered nebulizer treatments and (b) adequately clean nebulizer equipment for one resident (Resident #1) out of two residents reviewed for respiratory care. Findings:Resident #1 (R1) Review of an admission Record revealed R1 was a [AGE] year-old female, last re-admitted to the facility on [DATE] following a hospitalization for a bowel obstruction and pneumonia. During an observation on 07/29/25 at 10:32 AM, R1's nebulizer mouthpiece, with the medicine cup attached, sat in a clear plastic bag on the resident's bedside nightstand. Moisture could be seen inside the bag and on the nebulizer equipment. R1 indicated that she had just received a breathing treatment, and staff had not taken it apart and washed it. Rather, staff placed the whole thing in the bag right after she completed the treatment. During an interview on 07/31/25 at 7:26 AM, R1 stated that she had not received any breathing treatments (nebulizer) yesterday or so far today. R1 stated that staff had not offered her the breathing treatments. I was getting them every four hours and then nothing. R1 stated that a breathing treatment was always helpful as she was still recovering from pneumonia. R1 also stated that she had not refused any breathing treatments. Review of an electronic medication administration record (Emar) dated July 2025, for R1 revealed the resident had not received a breathing treatment (nebulizer) since 6:00 PM on 07/29/25. Documentation provided by nursing as to why the nebulizer treatments had not been given to R1 reflected that the resident had refused the treatments. The order for the nebulizer treatment was for 1 treatment every 6 hours. R1 had not received the last six breathing treatments that were available to her as ordered by the physician. Review of the facility policy Small Volume Nebulizer reflected the following steps for cleaning the nebulizer equipment: (1) twist open the nebulizer cup and dump out any residual remaining from treatment, (2) rinse nebulizer cup and components with water, (3) allow nebulizer cup and components to airdry on a clean absorbent towel, and (4) once dry store the nebulizer cup and mouthpiece in a bag and label.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235490	A. Building B. Wing	07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Mt. Pleasant	1524 Portbella Road Mt. Pleasant, MI 48858

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to accurately document narcotic administration for one of three residents (Resident #4) reviewed for pharmacy services. Findings:Review of an admission Record revealed R4 was a [AGE] year-old-female, last re-admitted to the facility on [DATE]. with pertinent diagnoses of pneumonia and chronic pain syndrome. Review of a Controlled Substance Record (CSR) for R4 and for the medication (Norco) hydrocodone-apap 10-325 mg (milligrams) one tab every 4 hours as needed for pain, revealed documentation that one tablet was given to R4 on 07/31/25 at 10:00 AM. The review of the record occurred on 07/31/25 at 8:50 AM. During an interview on 07/31/25 at 8:54 AM R4 stated that she was positive that she received a Norco this morning, around 7:30 AM, with her other morning medications. Further review of the same CSR for R4 and the prescribed Norco showed that the previous dose of Norco was given that morning at 6:00 AM by the night nurse (RN O). During an interview on 07/31/25 at 9:00 AM Registered Nurse (RN) D stated that she had given R4 a dose of Norco this morning around 7:30 AM but wrote in 10:00 AM on the CSR to correct the time interval between the doses. RN D also stated that at shift exchange this morning and while reconciling (counting) narcotics, the night nurse (RN O) had not written in a time that a Norco tablet was given during the night shift, so RN O wrote in a time of 6:00 AM. At this point the surveyor called for the Director of Nursing (DON). It was determined through further interviews with R4 and nursing staff that the resident had in fact received the correct doses of Norco and thus ruled out the possibility of misappropriation of narcotics. During an interview on 07/31/25 at 9:25 AM, the DON indicated that nurses were expected to document the precise time a medication was given, especially a controlled substance. During an interview on 07/31/25 at 10:46 AM, RN I stated that it was very important for nurses to document accurately when narcotics are given because many of the narcotics are given for pain or anxiety and keeping them on schedule helps ensure the resident gets maximum control of the pain or anxiety provided by the medication.