STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235495	A. Building B. Wing	10/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Marshall	879 East Michigan Ave Marshall, MI 49068

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 0559 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38383 This citation pertains to intake MI00146843. Based on interview and record review, the facility failed to ensure written notice was provided prior to room changes for four (Resident #2, #5, #6 and #11) of five reviewed. Findings include: Resident #2 (R2) Review of the medical record reflected R2 admitted to the facility on [DATE], with diagnoses that included dementia and anxiety disorder. According to the medical record, R2 had a room change on 8/21/24. The medical record did not reflect that written notice was provided to the responsible party prior to the room change. On 10/17/24 at 12:28 PM, Nursing Home Administrator (NHA) A reported R2's room change was related to a payor source change from Medicare to Medicaid. Resident #5 (R5) Review of the medical record reflected R5 admitted to the facility on [DATE], with diagnoses that included cerebral infarction (stroke). According to the medical record, R5 had a room change on 10/14/24. The medical record did not reflect that written notice was provided prior to the room change. On 10/17/24 at 12:28 PM, NHA A reported R5's room change was related to a payor source change from Medicare to Medicaid. Resident #6 (R6) Review of the medical record reflected R6 admitted to the facility on [DATE], with diagnoses that included acute posthemorrhagic anemia and chronic obstructive pulmonary disease (COPD). (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: 235495	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER Medilodge of Marshall		STREET ADDRESS, CITY, STATE, ZIP CODE 879 East Michigan Ave Marshall, MI 49068	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0559 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 10/17/24 at 12:28 PM, NHA A reported speaking to R6's family, at length, about a room change. The conversation included an explanation of the room rate and that it would not be covered by Medicaid, according to NHA A. According to the medical record, R6 had room changes on 9/12/24 and 10/8/24. The medical record did not reflect that written notice was provided to R6's responsible party prior to the room changes. Resident #11 (R11) Review of the medical record reflected R11 admitted to the facility on [DATE] and readmitted [DATE], with diagnoses that included diabetes, bipolar disorder and major depressive disorder. According to the medical record, R11 changed rooms on 6/28/24 and 8/12/24. The medical record did not reflect that written notice was provided to R11 prior to the room changes. On 10/17/24 at 8:44 AM, R11 denied being made aware of a room change in advance. On 10/17/24 at 12:28 PM, NHA A reported R11 moved from a Medicare to a Medicaid room.

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(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 - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. 38383 This citation pertains to intakes MI00146687 and MI00146843. Based on observation, interview and record review, the facility failed to maintain cleanliness and repair of resident bathrooms. Findings include: On 10/17/24 at 9:06 AM, the bathroom shared by Resident #6 (R6), Resident #9 (R9) and Resident #11 (R11) was observed to have dried feces on the toilet seat riser and in the toilet bowl. On 10/17/24 at 12:12 PM, the bathroom shared by R6, R9 and R11 continued to be observed with dried feces on the toilet seat riser and in the toilet bowl. On 10/17/24 at 4:10 PM, the bathroom for room C-14 was observed to have a metal vent/register on the floor, which was bent and noted to be discolored with what appeared to be rust. On 10/18/24 at 9:19 AM, the bathroom shared by R6, R9 and R11 was observed to have feces on the toilet seat riser, on the inside of the toilet bowl and a small amount of feces in the toilet water. 49103 On 10/18/24 at 10:55AM during observation of the bathroom C9 it was noted there was an approximate 4 inch area on the lower wall of molding peeled away and open to an interior cracked and crumbling wall. On 10/18/24 at approximately 11:00 AM during observation of the bathroom between rooms D4 and D6 was noted to have metal door frames on each side. The section toward the bottom of the door frames worn away or chipped off for about an inch in length - the interior appeared black in color. On 10/18/24 at approximately 11:10 AM during observation of the bathroom between rooms D9 and D11 molding was seen hanging off the wall behind the toilet. On 10/18/24 at 1:16 PM the Maintenance Manager Q was interviewed. Maintenance Manager Q explained that for any structural concerns, such as walls in rooms or bathrooms, the staff puts in a work order through TELS (a building management platform designed for senior living). The Maintenance Manager Q supplied a current list of work orders which did not include the bathrooms of C9, the bathroom between D4 and D6, and the bathroom between D9 and D11. Maintenance Manager Q said those problems had not been known to him and explained scheduled rounds to monitor the condition of rooms had not been on his list of tasks. Instead, the TELS system is relied on for communication of needs. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the facility policy titled Preventive Maintenance Program dated July 1, 2021, states in part, A preventative maintenance program shall be developed and implemented to ensure the provision of a safe, functional, sanitary, and comfortable environment for residents, staff, and public. And the policy further states in part, The Maintenance Director shall assess all aspects of the physical plant to determine if Preventative Maintenance (PM) is required.