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	06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Marshall	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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to effectively clean and maintain food service equipment affecting 91 residents who consume food, resulting in the increased likelihood for improper mechanical dish machine sanitization rinse water pressure, cross-contamination, and bacterial harborage.Findings include: On 06/16/2026 at 9:05 A.M., An initial tour of the food service was conducted with Dietary Manager V, Registered Dietician O, and Registered Dietician in Training N. The following items were noted:The wall/floor juncture [NAME] tile was observed soiled with accumulated and encrusted food residue, adjacent to the mechanical dish machine. The heavily soiled surface measured approximately 25 feet in length. Dietary Manager V indicated she would have dietary staff thoroughly clean and sanitize the wall/floor juncture [NAME] tile as soon as possible.The 2022 FDA Model Food Code section 6-501.12 states: (A) PHYSICAL FACILITIES shall be cleaned as often as necessary to keep them clean. (B) Except for cleaning that is necessary due to a spill or other accident, cleaning shall be done during periods when the least amount of FOOD is exposed such as after closing. Cleaning of the physical facilities is an important measure in ensuring the protection and sanitary preparation of food. A regular cleaning schedule should be established and followed to maintain the facility in a clean and sanitary manner. Primary cleaning should be done at times when foods are in protected storage and when food is not being served or prepared.The mechanical dish machine pounds-per-square inch (psi) gauge was observed to read 33 (psi) during the final rinse cycle. Dietary Manager V indicated she would contact the contractual vendor for necessary repairs as soon as possible.The 2022 FDA Model Food Code section 4-501.113 states: The flow pressure of the fresh hot water SANITIZING rinse in a WAREWASHING machine, as measured in the water line immediately downstream or upstream from the fresh hot water SANITIZING rinse control value, shall be within the range specified on the machine manufacturer's data plate and may not be less than 35 kilopascals (5 pounds per square inch) or more than 200 kilopascals (30 pounds per square inch). If the flow pressure of the final sanitizing rinse is less than that required, dispersion of the sanitizing solution may be inadequate to reach all surfaces of equipment or utensils.The mop closet interior entrance door surface was observed (etched, scored, particulate). Registered Dietician O stated: I will place the issue on my phone., indicating the issue would be entered into the electronic maintenance system for tracking and correction.The 2022 FDA Model Food Code section 6-501.11 states: PHYSICAL FACILITIES shall be maintained in good repair. Poor repair and maintenance compromises the functionality of the physical facilities. This requirement is intended to ensure that the physical facilities are properly maintained to serve their intended purpose.On 06/18/2026 at 12:30 P.M., Record Review of the Policy/Procedure entitled: Kitchen Sanitation dated 7/01/2025 revealed under Policy: The food service area shall be maintained in a clean and sanitary manner. Record review of the Policy/Procedure entitled: Kitchen Sanitation dated 7/01/2025 further revealed under Policy Explanation and Compliance Guidelines: (1) All kitchens, kitchen areas and dining areas shall be kept clean, free from litter and rubbish and protected from rodents, roaches, flies and other insects. (2) All utensils, counters, shelves and equipment shall be kept clean, maintained in good repair and shall be (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

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	free from breaks, corrosion, open seams, cracks and chipped areas that may affect their use or proper cleaning. Seals, hinges and fasteners will be kept in good repair.

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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 - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observations, interviews, and record reviews, the facility failed to effectively clean and maintain the physical plant affecting 91 residents, resulting in the increased likelihood for cross-contamination, and bacterial harborage.Findings include: On 06/16/2026 at 1:35 P.M., An environmental tour of the facility Laundry Service was conducted with Account Manager (Contractual Service Name) W. The following items were noted:Clean Laundry Room:Twelve acoustical ceiling tiles were observed stained from previous moisture leaks. Account Manager (Contractual Service Name) stated: I don't do ceiling tiles, that's maintenance.1 of 2 overhead light fixture clear plastic lens covers were observed soiled with accumulated and encrusted dust/dirt deposits.Two 12-inch-wide by 12-inch-long vinyl flooring tiles were observed (etched, scored, particulate). The concrete subsurface was also observed chipped and missing, creating two holes. The two holes measured approximately 5-inches-wide by 6-inches-long by 1-inch-deep and 4-inches-wide by 6-inches-long by 1-inch-deep respectively. Account Manager (Contractual Service Name) indicated he would contact maintenance for necessary repairs as soon as possible.1 of 2 hand sink basins were observed soiled with accumulated and encrusted dirt deposits. Account Manager (Contractual Service Name) W indicated he would have staff thoroughly clean and sanitize the soiled sink basin as soon as possible.On 06/16/2026 at 1:48 P.M., An environmental tour was conducted with Account Manager (Contractual Service Name) W. The following items were noted:A-HallThe interior entrance door surface was observed (etched, scored, particulate), within the soiled and clean linen rooms.The floor machine storage room overhead light was observed non-functional.B-HallThe interior entrance door surface was observed (etched, scored, particulate), within the soiled and clean linen rooms. Account Manager (Contractual Service Name) stated: We don't paint, that's maintenance.C-HallThe interior entrance door surface was observed (etched, scored, particulate), within the soiled and clean linen rooms.D-HallThe interior entrance door surface was observed (etched, scored, particulate), within the soiled and clean linen rooms.On 06/18/2026 at 1:30 P.M., Record review of the Policy/Procedure entitled: Preventative Maintenance Program dated 3/12/2022 revealed under Policy: A Preventative Maintenance Program shall be developed and implemented to ensure the provision of a safe, functional, sanitary, and comfortable for residents, staff, and the public. Record review of the Policy/Procedure entitled: Preventative Maintenance Program dated 3/12/2022 further revealed under Policy Explanation and Compliance Guidelines: (1) The Maintenance Director is responsible for developing and maintaining a schedule of maintenance services to ensure that the buildings, grounds, and equipment are maintained in a safe and operable manner.On 06/18/2026 at 1:45 P.M., Record review of the Policy/Procedure entitled: Routine Cleaning and Disinfection dated 2/1/2022 revealed under Policy: It is the policy of this facility to ensure the provision of routine cleaning and disinfection in order to provide a safe, sanitary environment and to prevent the development and transmission of infections to the extent possible.On 06/18/2026 at 2:00 P.M., Record review of the Electronic Maintenance Tracking System work orders for the last 60 days revealed no specific entries related to the aforementioned maintenance concerns.

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to obtain consent prior to the initiation of a mood stabilizer and anti-depressant medication and subsequent dosage increase in two (Resident #1, #63) out of five reviewed for medication review. Findings include: Resident #1 (R1) Review of the medical record revealed R1 was admitted [DATE] with diagnoses that included metabolic encephalopathy (any diffuse disease or condition that alters brain function), pneumonia (pneumonia), Chronic Obstructive Pulmonary Disease (COPD), hypertension, insomnia, gastro-esophageal reflux, hyperlipidemia (high fat content in blood), heart disease, acquired absence right leg below right knee, depression, anemia (low number of red blood cells), anxiety, bipolar disorder (manic/depression), post-traumatic stress disorder (PTSD), peripheral vascular disease (PVD), sleep apnea, and hepatitis (inflammation of liver). Review of R1's Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 03/15/2026, revealed a Brief Interview of Mental Status Score (BIMS) of 10 (moderate cognitive impairment) out 15. Review of R1's medical record revealed physician order, Quetiapine Fumarate Oral Tablet 300 MG (milligrams) give 2 tablets by mouth at bedtime for depression related to other bipolar disorder. R1's medical record did not reveal any documentation for consent to demonstrate that resident has had risk and benefits for the use of psychoactive medication explained and had given consent for its use. During an interview on 06/17/2026 at 01:27 p.m. Director of Nursing (DON) C confirmed that R1 was receiving psychoactive medication for the treatment of depression. DON C confirmed that R1 had not been provided the facility Consent to Use of Psychoactive Medication Therapy of the use of the anti-depressant. DON C explained that R1 should have had a risk and benefits of the anti-depressant explained to him and signed a consent if he wanted to continue with psychoactive medication treatment. DON C could not explain why R1 document entitled, Consent to Use of Psychoactive Medication Therapy had not been provided on admission when the anti-depressant was ordered. DON C explained that the required document had just been provided to R1 during the survey. During observation and interview on 06/17/2026 at 01:44 p.m. R1 was observed lying down in bed. R1 explained that someone came to his room today and explained the risk and benefits of medication that he was taking. R1 explained that he now signed the document giving consent that the medication could be given to him for the treatment of depression. Resident #63 (R63) Review of the medical record reflected Resident #63 (R63) was admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses that included Alzheimer's disease, vascular dementia, and major depressive disorder. The Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 3/12/26, reflected R63 scored 08 out of 15 (severe cognitive impairment) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). On 6/16/2026 at 9:28 AM, R63 was observed self-propelling himself into his room. R63 spoke when greeted and was pleasantly confused. (continued on next page)

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Physician orders revealed R63 had an order for Donepezil (Aricept-used to treat mild, moderate, and severe dementia related to Alzheimer's disease) HCl Oral Tablet 5 milligrams (mg) from 9/8/2025 to 3/31/2026. Further review of R63's Physician orders revealed the order for Donepezil (Aricept) HCl Oral Tablet dosage increased from 5mg to 10 mg on 4/1/2026. Review of R63's Psychoactive Medication Therapy Consent for Donepezil (Aricept) HCl Oral Tablet 10 mg revealed the consent was not signed by the medical power of attorney until 6/17/26, despite being an active order since 4/1/26. Review of R63's Physician orders revealed R63 had an order for Sertraline HCl Tablet 25 MG active from 11/19/2025 to 5/29/26. Further review of R63's Physician orders revealed the order for Sertraline (anti-depressant) HCl Oral Tablet dosage increased from 25 MG to 50 MG (Sertraline HCl) on 5/30/2026. Review of R63's Psychoactive Medication Therapy Consent for Sertraline HCl Oral Tablet revealed the consent was not signed by the medical power of attorney until 6/17/26, despite being an active order since 5/30/2026. In an interview on 6/17/26 at 1:27 PM, Director of Nursing (DON) B stated that the process for psychotropic medication consents would be to have a consent signed by the resident or the medical power of attorney if the resident is unable to make their own decision prior to the start of the medication or prior to the dosage change of the medication. DON B acknowledged that R63's psychoactive medication consents were not completed timely when the two medication dosages increased.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure accuracy of the Minimum Data Set (MDS) assessment for one (R8) of 19 reviewed. Findings include: Review of the medical record reflected R8 admitted to the facility on [DATE] and readmitted [DATE], with diagnoses that included nontraumatic subarachnoid hemorrhage (type of stroke with bleeding in the space between the brain and tissues that cover the brain) from the left middle cerebral artery, type 2 diabetes and chronic kidney disease. The Quarterly MDS, with an Assessment Reference Date (ARD) of 4/30/26, reflected R8 scored 15 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). On 06/17/2026 at 12:55 PM, R8 was observed seated in a wheelchair, in their room. The Annual MDS, with an ARD of 1/28/26, reflected coding of No for question A1500, Preadmission Screening and Resident Review (PASRR) .Is the resident currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability or a related condition? In an interview on 06/17/2026 at 12:47 PM, MDS Nurse P reported R8's MDS, with an ARD of 1/28/26, should have been coded as yes for question A1500. MDS Nurse P reported R8's level II screening was uploaded to the medical record on 7/15/25 and was available for review at the time of the annual MDS for 1/28/26.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to conduct care conference meetings for one (R33) of 19 reviewed. Findings include: Review of the medical record reflected R33 admitted to the facility on [DATE] and readmitted [DATE], with diagnoses that included hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage (bleeding in the brain, caused by rupture of a damaged blood vessel in the head) affecting the left non-dominant side. The Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 3/24/26, reflected R33 scored 12 out of 15 (moderate cognitive impairment) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). On 06/16/2026 at 12:01 PM, R33 was observed lying in bed, watching TV. R33's medical record reflected their most recent care conference meeting was on 10/8/25. In an interview on 06/17/2026 at 1:02 PM, MDS Nurse P reported care conferences were held around the same time of quarterly MDS assessments. Documentation of R33's care conferences since 10/8/25 was requested at time of the interview. In an interview on 06/17/2026 at 1:50 PM, MDS Nurse P reported they could not locate care conference documentation since 10/8/25. MDS Nurse P reported care conferences were supposed to be held every three months. Attendees included a nurse, the Business Office Manager, Social Work, Activities, Dietary and Therapy. It was reported the resident and family were also invited.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure wound care orders were implemented upon readmission from the hospital for one (R2) of 19 reviewed. Findings include: Review of the medical record revealed R2 was admitted to the facility on [DATE] and readmitted [DATE] with diagnoses that included actinomycotic sepsis, chronic osteomyelitis, COPD, cellulitis of right lower limb, and venous insufficiency. The Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/7/26 revealed R2 scored 15 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). Review of the Nurses' Note dated 6/2/26 revealed resident went to wound clinic appointment this morning and has a low blood pressure. Wound clinic sent resident to ER to get evaluated. A second Nurses' Note dated 6/2/26 revealed R2 was admitted to the hospital due to an infected wound. Review of the hospital Discharge summary dated [DATE] revealed R2 had right medial/lateral ankle ulcers and right tibial ulcers that required wound care treatment every three days or as needed for drainage. On 06/16/2026 at 11:53 AM, R2 was observed in bed. R2 reported she returned from the hospital on 6/12/26. R2 reported she was currently on intravenous antibiotics due to a wound infection in her right leg that was down to the bone. R2 reported the dressing on her right leg wounds should have been changed on 6/13/26, but it had not been completed. An observation of the dressing on R2's right leg revealed the dressing was dated 6/10/26. In an interview on 06/16/2026 at 3:38 PM, Licensed Practical Nurse (LPN) M reported they were assigned to care for R2. LPN M reported R2 had two wounds on her right lower legs that required dressing changes every other day. When asked what R2's current wound care orders were, LPN M looked in R2's medical record and reported he could not locate any current wound car orders. LPN M then notified Unit Manager (UM) F of the missing orders. On 06/16/2026 at 3:44 PM with LPN M, it was confirmed that R2's right leg dressing was dated 6/10/26. R2 reported to LPN M that the dressing was supposed to be changed on 6/13/26, but it was not. In an interview on 06/17/2026 at 9:13 AM, UM F reported the admitting nurse should have written wound care orders upon R2's readmission. UM F reported management staff would then review the orders on the next business day (Monday, 6/15/26), but that was not done since he did not work on 6/15/26. UM F reported as of 6/16/26, R2 had every other day wound care orders in place. In an interview on 06/17/2026 at 11:33 AM, Director of Nursing (DON) B reported it was the expectation that the admitting nurse enter wound care orders upon readmission and then those orders be reviewed on the next business day. DON B reported there was not a manager in the building on 6/15/26 to review the orders.

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure physician ordered medication monitoring was completed for one (R45) of five reviewed. Findings include: Review of the medical record revealed R45 was admitted to the facility on [DATE] with a diagnosis of type 2 diabetes mellitus. The Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 2/35/26 revealed R45 scored 14 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). On 06/16/2026 at 12:35 PM, R45 was observed seated in her wheelchair at a dining room table with two other residents. R45 was overheard mentioning that she did not get a bedtime snack last night and her sugar was low this morning. On 06/16/2026 at 1:40 PM, R45 was observed seated in her wheelchair in her room. R45 reported there had been a few nights where she did not receive a bedtime snack, including last night. Review of the Physician's Orders revealed R45 was on multiple medications for diabetes including Jardiance, Metformin, Novolog insulin, and Toujeo insulin. Review of the Physician's Order dated 4/7/26 revealed an order for HgbA1c (test to show average blood sugar levels over the last two to three months) one time a day every 6 months starting on the 8th. Review of R45's medical record revealed a HgbA1c test was not completed. In an interview on 06/17/2026 at 9:13 AM, Unit Manager (UM) F reported R45 did not have a HgbA1c completed as ordered by the physician. UM F reported the facility changed laboratory companies earlier in the year and it's possible R45's order did not get entered into the new laboratory system. In an interview on 06/17/26 at 11:33 AM, Director of Nursing (DON) B reported she was not able to locate HgbA1c test results for R45.