

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/30/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235553	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/28/2026
NAME OF PROVIDER OR SUPPLIER Medilodge of Rogers City		STREET ADDRESS, CITY, STATE, ZIP CODE 555 North Bradley Highway Rogers City, MI 49779	
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 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 observation and interview, the facility failed to maintain plumbing in the facility, resulting in an increased potential for contamination and a possible decrease in satisfaction of living, with the potential to affect all residents in the facility. Findings Include: On 05/27/2026 at 9:45 AM while on a facility tour with maintenance employee C, observed the beauty shop style sink that has a head rest and hair rinse hose was leaking where the faucet connects to the sink. Maintenance employee C also observed the faucet was leaking and stated they were not aware this faucet needed to be repaired. On 05/27/2026 at 10:16 AM observed the sink in the soiled linens room in the D/F Hall had a swivel faucet that was loose and leaking when the sink was turned on. This observation was confirmed during interview with maintenance employee C at the time of observation.		

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