

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  05/01/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Rogers City		STREET ADDRESS, CITY, STATE, ZIP CODE  555 N Bradley Hwy 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)
<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** 49735</b></p> <p>Based on observation, interview, and record review the facility failed to evaluate the removal of a urinary catheter and ensure urology services were provided for one Resident (#20) of four residents reviewed for urinary catheter/UTI (urinary tract infection).</p> <p>Findings include:</p> <p>Resident #20 (R20)</p> <p>Review of R20's Minimum Data Set (MDS) admission assessment, dated 9/11/23 revealed admission to the facility on [DATE], with active diagnoses that included: anemia, hypertension, diabetes mellitus, arthritis, anxiety, and depression. R20 scored a 15 of 15 on the Brief Interview for Mental Status (BIMS) reflective of intact cognition.</p> <p>On 4/29/24 at 2:05 p.m., R20 was observed in her room sitting in her recliner with a catheter drainage bag near her recliner. R20 acknowledged having a catheter and would like to have the catheter removed. R20 said hospitalized occurred earlier this year due to pneumonia and R20 also had a UTI (urinary tract infection). R20 explained the UTI was due to the catheter but did not understand why the facility had not taken the catheter out.</p> <p>During an interview on 4/30/24 at 2:02 p.m., DON acknowledged the facility had not attempted to remove the catheter since R20's admission. The DON also acknowledged the medical director did not provide a medical reason and/or R20 does not have a clinical condition for continued placement of the catheter.</p> <p>During an interview on 5/1/24 at 11:30 a.m., the DON acknowledged the facility had not offered or attained a urology appointment for R20. DON later acknowledged the facility has no information for the need of the catheter for R20.</p> <p>Review of nurse's notes dated 1/27/24 revealed R20 was started on Rocephin IM (intramuscular) for UTI and possible infected foley (urinary) catheter.</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
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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>Review of facility policy Appropriate Use of Indwelling Catheters Policy Explanation and Compliance Guidelines dated 10/10/20 1. b., read in part, revealed residents who are admitted with an indwelling urinary catheter will be assessed for removal of the as soon as possible .unless clinical condition demonstrates that catheterization is necessary.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 13791</p> <p>Based on observation, interview and record review, the facility failed to identify and implement corrective action in response to the mechanical dish machine's failure to demonstrate proper sanitizing, in accordance with professional standards for food service safety. Findings include:</p> <p>On 4/29/24 at approximately 1:00 PM, Kitchen Staff B was observed placing soiled dishes from the residents' noon meal into the mechanical dish machine. Staff B was requested to demonstrate the food contact surfaces were reaching the required 160 F for proper sanitizing. Staff B placed a [NAME] Maximum Registering (MRT) puck on a rack and allowed it to proceed through the conveyor machine. Once the MRT exited the machine, the puck was read to be 159 F. Staff B proceeded to remove clean dishes from the racks and put them on shelves. Staff B was requested to put the MRT through the dish machine again. At the end of the cycle the puck read 154 F. Staff B continued to remove dishes from the racks at the clean end of the conveyor and put the dishes away. The dish machine dial thermometer was reporting a final rinse temperature of 190 F. An interview with Registered Dietitian was conducted at this time who stated we will put the dishes through again. Three racks of dishes which had been sitting at the clean end of the machine were returned to soiled end and allowed to run through the machine. An interview was then conducted with RD A and asked for the reason to put the dishes through again. RD A stated To get them up to temperature.</p> <p>On 4/29/24 at approximately 1:45 PM RD A presented the MRT with a reading of 163 F. A return to the kitchen to observe the dish machine was conducted with RD A. The MRT was again placed on a rack and allowed to run through the machine. At the exit of the machine, the MRT was read to have 143 F. RD A stated I don't understand. I'll call our {vendor}. The temperature reported by the machine's thermometer for final rinse was again showing over 185 F, even in the absence of any steam coming out of the machine. This surveyor placed a heat sensitive Thermo on a plate and placed it next to the facility's MRT and ran through the machine again. The Termination did not turn black, indicating the food contact surface of the plate did not reach the minimum temperature of 160 F, and the facility's MRT read 146 F RD A stated I guess we'll wait to get the machine fixed and run everything through again.</p> <p>At 1:55 PM the interview continued with RD A and learned the facility did not have any back up or alternate for the MRT or quality assurance device to use in the event the MRT accuracy was in question or failed.</p> <p>The FDA Food Code 2017 states: 4-703.11 Hot Water and Chemical.</p> <p>After being cleaned, EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be SANITIZED in:</p> <p>(A) Hot water manual operations by immersion for at least 30 seconds and as specified under S 4-501.111; P</p> <p>(B) Hot water mechanical operations by being cycled through EQUIPMENT that is set up as specified under SS 4-501.15, 4-501.112, and 4-501.113 and achieving a UTENSIL surface temperature of 71 C (160 F) as measured by an irreversible registering temperature indicator; P</p>		