| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235553 | A. Building<br>B. Wing | 05/28/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Medilodge of Rogers City | 555 North Bradley Highway<br>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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.<br><br>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 |
|---|---|---|
| | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 235553 | A. Building<br>B. Wing | 05/28/2026 |

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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 0695<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide safe and appropriate respiratory care for a resident when needed.<br><br>Based on observation, interview, and record review, the facility failed to ensure respiratory equipment was stored in a clean and sanitary manner between resident use, for one Resident (#10) of one resident reviewed for respiratory care.Findings include: Resident #10 (R10)On 5/26/2026 at 11:03 AM, an observation was made of oxygen tubing coiled around the left handle of R10's wheelchair without a date stating its initial usage for the resident with nasal cannula open to air approximately and inch from the floor.On 5/27/2026 at 2:42 PM, a CNA (Certified Nursing Assistant) was observed grabbing the oxygen tubing from the back of R10's wheelchair, where the nasal cannula was laying on the floor, not in a bag. The CNA proceeded to grab the nasal cannula and proceeded to put it in R10's nose. On 5/28/2026 at 8:00 AM, an observation of R10 was made in the dining room with a nasal cannula in nose which had no date when first put in use on R10.On 5/28/2026 at 10:56 AM, R10 was observed coming from the facility hair salon room with the nasal cannula observed in her nose. The tubing had no observed date written anywhere on it.On 5/28/2026 at 11:04 AM, an interview was conducted with the Director of Nursing (DON) who verified oxygen tubing should be stored in a bag between usage. On 5/28/2026 at 11:29 AM, during a follow-interview, the DON further clarified facility standards and stating the oxygen tubing was supposed to be dated per their policy.Review of policy titled Oxygen with revision date of 10/26/23. 5. Staff shall perform hand hygiene and don gloves when administering oxygen or when in contact with oxygen equipment. Other infection control measures include:a. Follow manufacturer recommendations for the frequency of cleaning equipment filters.b. Change oxygen tubing and mask/cannula weekly and as needed if it becomes soiled orcontaminated.e. Keep delivery devices covered in plastic bag when not in use. |