

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235563	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Medilodge of Monroe		STREET ADDRESS, CITY, STATE, ZIP CODE 481 Village Green Lane Monroe, MI 48162	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39465</p> <p>Based on observation, interview, and record review the facility failed to provide a mattress in a timely manner for one resident (R45) of one resident reviewed for accommodation of needs, resulting in the resident's sleep pattern being disturbed and verbalizing frustration of having back pain caused by an uncomfortable mattress.</p> <p>Findings include:</p> <p>On 12/15/2024 at 11:37 a.m., during an interview R45 pointed at the bed and said the mattress had a big hole in it and it was causing lower back pain. The resident reported the mattress was uncomfortable and having to find a higher part of the mattress to get a good night's sleep. R45 said it was reported to a staff member about three weeks ago or longer but was unsure of the staff member's name. R45's mattress was observed with an observable indentation on the right side approximate to the middle of the bed.</p> <p>According to the Electronic Health Record (EHR), R45 was admitted into the facility on [DATE] with diagnoses of history of falling, generalized epilepsy, dementia, anxiety disorder, extrapyramidal and movement disorder (involuntary motor activity), and osteoarthritis. R45's quarterly Minimum Data Set (MDS) assessment dated [DATE], indicated R45 was cognitively intact with a BIMS (brief interview for mental status) score of 15/15.</p> <p>Review of the Activity Daily Living (ADL) care plan with a revision date of 11/22/2024, documented, Resident had an ADL self-care deficit. Interventions: Bed mobility one person assist.</p> <p>On 12/17/2024 at 2:50 p.m. R45's assigned Certified Nursing Aid (CNA) A confirmed during an interview that the staff made R45's bed and if the resident needed a new mattress the nurses and the CNAs should have written the order in TELS (a computer system for documented requests, orders, and repairs for maintenance).</p> <p>On 12/17/2024 at 3:11 p.m., Maintenance staff (MS) B said during an interview that it was reported that the resident needed and was requesting a new mattress. MS B confirmed the mattress did have a dip in it and the resident requested the mattress to be removed because R45 was not sleeping well. MS B was queried regarding the facility's protocol for requesting a new mattress. MS B said the staff should have filled out an order, documented in TELS and the order would have been completed for a new mattress, however there was no order put through for a new mattress until the resident was observed verbalizing frustration to a surveyor on 12/15/2024.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 235563	If continuation sheet Page 1 of 4

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/17/2024 at approximately 3:50 pm., the Director of Nursing (DON) confirmed the staff should have documented the resident mattress had a large indentation. The DON said the nurses and the CNAs should have observed the mattress because they would change the bed linen.</p> <p>According to the revised 12/28/2023 Accommodation of Needs policy: The facility will treat each resident with respect and dignity and will evaluate and make reasonable accommodations for the individual needs and preference of a resident .</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41423</p> <p>Based on observation, interview and record review, the facility failed to provide nail care for two dependent residents (R5 and R66) of five residents reviewed for activities of daily living (ADLs), resulting in unmet care needs.</p> <p>Findings include:</p> <p>R5</p> <p>On 12/15/24 at 12:18 PM, R5 was observed in bed, on their back, wearing a gown. An interview was completed with R5 at this time. When asked regarding level of assistance required by staff to perform Activities of Daily Living (ADLs), R5 revealed they required extensive assistance due to a diagnosis of Multiple Sclerosis (a disease that causes breakdown of the protective covering of nerves causing numbness, weakness, trouble walking, vision changes and other symptoms). Their nails were observed as long in length, extending past the top of their fingers. R5 said that staff has not cut her nails in a while. R5 said, They keep telling me they will cut them during my shower, but I had my showers already .I have MS (Multiple Sclerosis).</p> <p>On 12/16/24 at 10:18 AM, R5 was observed in bed, wearing a gown, and watching television. R5 was asked if their nails were trimmed and they said, They (staff) gave me a bed bath today, but I still need my nails cut.</p> <p>A review of R5's electronic medical record revealed an admission on 9/22/23 with the diagnosis of Multiple Sclerosis, Functional Quadriplegia, Diabetes, Atrial Fibrillation, Convulsions, Muscle Weakness, and Stiff Joints. A review of R187's Minimum Data Set (MDS) assessment dated [DATE] revealed that the resident was dependent for personal hygiene care. A review of R5's Care Plan revealed the following: Focus . Resident has an ADL self-care performance deficit .Intervention .Bathing: 2 person assist .Bed Mobility: 2 person assist .Personal Hygiene: 1 person assist .Dated 11/9/23.</p> <p>R66</p> <p>On 12/15/24 at 12:23 PM, R66 was observed sitting in their wheelchair watching television. An interview was completed with the R66 at this time. R66 said that their nails on her right hand needs to be cut. R66's nails were trimmed on their left hand but not on their right hand. Their right-hand fingernails were observed as long in length, extending past the top of their fingers. R66 said, It's frustrating because I can't cut my own nails.</p> <p>On 12/16/24 at 10:44 AM resident was observed in the hallway in their wheelchair. The resident said that staff had not trimmed the nails on their right hand.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of R66's electronic medical record revealed an admission on 1/19/23 with the diagnosis of Cerebral Infarction, (an ischemic stroke, that occurs when blood flow to the brain is disrupted, depriving brain cells of oxygen and nutrients), Hemiplegia (one-sided muscle paralysis or weakness), Diabetes, Falls, Muscle Weakness, and Chronic Pain. A review of R66's Minimum Data Set (MDS) assessment dated [DATE] revealed that the resident required substantial/maximal assistance with personal hygiene care. A review of R66's Care Plan revealed the following:</p> <p>Focus .Resident has an ADL self-care performance deficit related to weakness, impaired mobility . Interventions .Personal Hygiene: 2 person assist .Dated 8/4/23.</p> <p>On 12/17/24 at 01:30 PM, an interviewed was conducted with Certified Nurse Assistance (CNA) C and CNA D regarding residents receiving nail trims. Both CNAs stated that nail trims should occur on their shower days unless the resident ask.</p> <p>On 12/17/24 at 03:18 PM, an interview was conducted with the Director of Nursing (DON) regarding nail care in the facility and R5 and R66 untrimmed nails. The DON said they (staff) should trim residents' nails during shower days. The DON also stated that staff will go to each unit to trim nails as needed.</p>		