| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235583 | A. Building<br>B. Wing | 07/31/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Medilodge of Green View | 1234 Golf Course Road<br>Alpena, MI 49707 |

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 0605<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the physician documented the clinical rationale and duration of use in the medical record for a PRN (as needed) psychotropic medication for one Resident (#6) of five residents reviewed for unnecessary medications. Findings include: Resident #6 (R6) was admitted to the facility 6/23/25. A Minimum Data Set (MDS) assessment dated [DATE] documented R6 had severe cognitive impairment and received psychotropic medications. There were no behaviors coded in the MDS. The Electronic Medical Record (EMR) of R6 contained a physician's order dated 7/9/25 for alprazolam (an antianxiety medication) 0.25 mg (milligrams) every 24 hours PRN for anxiety. A medication history review revealed the PRN alprazolam was initially ordered on 6/24/25.A pharmacist medication regimen review (MRR) for R6 dated 6/24/25 read, in part: .Note to attending physician/prescriber.This resident has an order for PRN alprazolam. Please evaluate current diagnosis, behaviors and usage patterns and evaluate continued need. PRN psychotropic orders cannot exceed 14 days with the exception that the prescriber documents their rationale [sic] in the resident's medical record and indicate the duration for the PRN order [sic]. Review of the EMR on 7/31/25 revealed no documentation by the physician regarding the PRN alprazolam, including the clinical rationale or duration of use for the PRN antianxiety medication for R6. A nurse's progress note dated 7/9/25 at 8:56 PM documented, PRN Xanax [brand name of alprazolam] reviewed with Dr. [physician's name redacted]. Orders received to continue current order and review in 2 weeks. There were no further nurse progress notes regarding the alprazolam.The Director of Nursing (DON) was interviewed on 7/31/25 at 8:33 AM. The DON said the use of PRN psychotropic medications was limited to 14 days before the physician was required to re-examine and evaluate the continued use of the medication. The DON was asked if the physician had evaluated the PRN alprazolam for R6 and if the physician documented the duration of use and clinical rationale for the continued use of the antianxiety medication. The DON said she would review the EMR.On 7/31/25 at 10:34 AM, the DON reported the physician of R6 did not document on the alprazolam including the continued need for the medication or duration of use. The policy Medication - Psychotropic dated as reviewed/revised 10/30/23 documented, in part: .PRN orders for psychotropic drugs shall be used only when the medication is necessary to treat a diagnosed specific condition that is documented in the clinical record, and for a limited duration (i.e. 14 days). a. If the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she shall document their rationale in the resident's medical record and indicate the duration for the PRN order. |

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 0645<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | PASARR screening for Mental disorders or Intellectual Disabilities<br><br>Based on interview and record review, the facility failed to ensure one Resident (#2) of one resident reviewed for PASARR (Preadmission screening/Annual Resident Review) had a Level one (1) OBRA (Omnibus Budget Reconciliation Act) screening sent to the Community Mental Health Services Program (CMHSP) for a level two (2) OBRA evaluation. Findings include:The Electronic Medical Record (EMR) of Resident #2 (R2) revealed an admission date of 6/19/25. R2's diagnoses included but were not limited to: Bipolar Disorder and Major Depressive Disorder. A Level 1 screening dated 6/11/25 documented R2 had a diagnosis of mental illness and had received treatment for mental illness, including psychotropic medications within the last 14 days. The EMR did not contain a Level 2 OBRA evaluation, and no documentation was in the EMR indicating a Level 1 had been referred to the CMHSP for evaluation.The MDS Nurse (Registered Nurse (RN) C) was interviewed on 7/30/25 at 1:41 PM. RN C confirmed she was the staff member responsible for completing the PASARR. RN C said there was not a Level 2 for R2 because a Level 1 assessment for R2 was not sent to the CMHSP for evaluation for services that may be needed for R2. RN C said R2 had transferred to the facility from a different nursing facility and the person in the company responsible for admissions did not transfer the OBRA from the facility from which she was transferred to the current facility, so RN C did not receive a notification to follow-up with the local CMHSP. The Social Services Coordinator (SSC) was interviewed on 7/30/25 at 2:11 PM. The SSC confirmed R2 was not receiving services for mental illness. The SSC was asked regarding R2 receiving services for mental illness. The SSC said the Resident Representative (RR) of R2 would need to approve the services. The SSC was asked if the RR of R2 was provided with the option to accept or decline services for R2. The SSC confirmed the RR was not approached regarding mental health services for R2. The SSC said, [R2] fell through the cracks.The policy PASARR - Pre-admission Screen and Resident Review dated as reviewed/revised 10/30/23 documented, in part: . All residents are required to have a level 1 PASRR [sic]screen prior to or upon admission the facility [sic]. When indicated on the level 1 screen that a level 2 is required, the facility will complete notification to the State's PASRR [sic] program notice for the level 2 screen. |

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| 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interviews, the facility failed to maintain a safe, functional, sanitary, and comfortable environment. This resulted in an increased potential for contamination and a possible decrease in satisfaction of living among all residents. Findings Include:On 07/30/2025 at 10:27 AM, it was noted that the drain line on the ice machine in the main dining room off the kitchen had black slime growing on end of the pipe. Maintenance Director F observed the drain pipe, and stated he cleans the ice machine and the drain tray weekly, but not the drain line that hangs above the floor drain.On 7/29/25 at 10:31 AM, the register cover in room [ROOM NUMBER] was observed dirty with brown splatters on the wall and had been re-enforced to hold the front and the top of the unit together. On 7/29/25 at 12:42 PM, during an interview with Guardian/Conservator G she was asked about the heater/register in room [ROOM NUMBER] and stated that it looks terrible, but functions fine. She stated the register was beat up and could be replaced.On 7/30/2025 at 8:05 AM, a follow-up observation found that the heating register cover in room six was damaged.On 07/30/2025 at 8:25 AM, during a tour of the soiled utility room with the Senior Maintenance Director E , an interview found that the facility flushes water fixtures weekly to prevent stagnate lines and Legionella from growing and spreading. The hopper was observed full of clear water. When the over hopper fill faucet was turned on, the water coming from that fixture was noted brown and discolored. Senior Maintenance Director E continued to run it for approximately a minute until a small clog dislodged, and the water ran clear. Senior Maintenance Director E stated that this fixture would now be added to the fixture flushing schedule.On 7/30/2025 at 8:40 AM during a tour of the A Wing with Maintenance Director F, it was observed that the heat register covers were damaged, or loose in Rooms 1, 5, 6 and 8. The cover in room [ROOM NUMBER] was loose in several places. The cover in room [ROOM NUMBER] was not attached completely. The cover in room [ROOM NUMBER] was observed to be damaged and pried up, exposing the heating coils inside. The wall behind the heat register in room [ROOM NUMBER] was noted soiled and splattered with brown and black debris. The heating register cover in room [ROOM NUMBER] was pulled away slightly, partially exposing the heating coil underneath.On 7/30/25 at 8:58 AM, the Maintenance Director F stated that he has been trying to order parts to repair these registers, but the parts have not been available. |