

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/29/2024
NAME OF PROVIDER OR SUPPLIER Medilodge of Montrose Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 9317 W Vienna Rd Montrose, MI 48457	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37668</p> <p>This Citation Pertains to Intake Number MI00145431.</p> <p>Based on interview and record review, the facility failed to implement policies and procedures to ensure a comprehensive and accurate assessment and documentation for one resident (Resident #205) of one resident reviewed, resulting in a lack of accurate, complete, and concise documentation and nursing assessment for a change in condition.</p> <p>Findings include:</p> <p>Resident #205:</p> <p>Review of intake documentation pertaining to Resident #205 revealed the Resident was transferred to the hospital from the facility where they tested positive for Legionnaires' (serious type of pneumonia caused by the Legionella bacteria).</p> <p>Record review revealed Resident #205 was admitted to the facility on [DATE] with diagnoses which included right ischium (one of three bones that form the hip bone) fracture, falls, diabetes mellitus, atrial fibrillation (irregular heart rhythm), and heart disease. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed the Resident was cognitively intact and required set-up to moderate assistance to complete Activities of Daily Living (ADSL).</p> <p>Resident #205 was transferred to the hospital on 5/31/24 and did not return to the facility.</p> <p>An interview was conducted with Resident #205's Family Member Witness G on 7/24/24 at 11:47 AM. When queried regarding Resident #205's stay in the facility, Witness G verbalized the Resident went to the facility from the hospital after falling and breaking a bone in their hip. When asked, Witness G revealed the fracture was non-surgical and Resident #205 was going to have therapy at the facility. When queried why Resident #205 was sent back to the hospital, Witness G revealed they were at the facility when the Resident was transferred. Witness G stated, The night before (Resident #205 was sent to the hospital), they were complaining of having a hard time breathing. Witness G continued, Their SPO2 (measurement of percent of oxygen in blood) was in the 80's (normal is greater than 92%) Witness G revealed they did not know that SPO2 in the 80's was low until the nurse at the hospital informed them. Witness G was asked what staff did in response to the Resident's SPO2 and complaints of difficulty breathing and replied, They put them in bed.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>When queried if Resident #205 was receiving supplement oxygen when they complained of being short of breath, Witness G indicated they could not recall. Witness G was asked if Resident #205 wore oxygen normally and verbalized they did. Witness G revealed their sister went to see Resident #205 the next morning and called them to come to the facility because they were concerned something was wrong. Witness G indicated they went to the facility immediately and stated, (Resident #205) was very lethargic and acting funny. When asked how the Resident was acting funny, Witness G indicated they were not acting normally and would not eat or drink. When asked what happened, Witness G indicated their sister had already informed facility nursing staff of their concerns regarding the Resident, and they notified them again. Witness G stated, A few nurses came in and then left. When asked why they left or what they said, Witness G indicated they did not really say anything and didn't come back soon. Witness G revealed it took a long time for the facility nursing staff to return. When queried the names of the nursing staff present, Witness G was unable to recall. Witness G was asked what happened and replied, Took (Resident #205's) blood sugar. It was in the 70's (normal value prior to eating is 80-130). Witness G verbalized Resident #205 was diabetic and were under the impression that a blood glucose level in the 70's was good and would not cause the Resident #205's symptoms Resident #205.</p> <p>Witness G indicated they discussed the Resident's blood sugar result with the facility nursing staff and They said it could be sugar and started pumping (Resident #205) full of stuff. When asked what stuff they were referring to, Witness G replied, Sugar solutions. Witness G verbalized Resident #205 did not improve and Resident #205 was transferred to the emergency room (ER). Witness G then stated, We thought we were going to lose (Resident #205) in the ER. Witness G stated Resident #205 had to be intubated (tube placed down the throat into the trachea) and placed on a ventilator (machine which assists and/or breaths for an individual). Witness G continued that Resident #205 had a couple days of testing and found Resident #205 had Legionella pneumonia, flu, and Covid-19. Witness G reiterated they thought they were going to lose (Resident #205). With further inquiry, Witness G revealed Resident #205 was discharged home and was currently receiving Hospice care. When queried why Resident #205 was admitted to hospice, Witness G stated, (Resident #205's) lungs never recovered. Witness G verbalized Resident #205 had experienced ongoing respiratory issues after they required mechanical ventilation due to contracting Legionella pneumonia, Covid-19, and influenza and never fully recovered and was the reason they were now receiving Hospice services.</p> <p>Review of Resident #205's Skilled Daily-Medically Complex Nursing documentation in the Electronic Medical Record (EMR) from 5/23/24 to 5/31/24 revealed the following:</p> <ul style="list-style-type: none"> - 5/23/24 at 3:31 AM: Resident #205 was Alert and Orientated to person, place, date, and time (A & O X 4), experiencing shortness of breath, and receiving oxygen therapy while simultaneously specifying the Resident's most recent SPO2 was 98% on room air on 5/21/24 at 9:59 PM. - 5/24/24 at 11:40 PM: Resident #205 was A & O to person, place, and time, experiencing shortness of breath, and receiving oxygen therapy via nasal cannula. -5/25/24 at 9:26 PM: The Resident was A & O to person, place, and time, and not receiving supplemental oxygen therapy. -5/26/24 at 9:21 PM: The Resident was A & O to person, place, and time, and not receiving supplemental oxygen therapy. <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-5/27/24 at 8:22 PM: The Resident was A & O to person, place, and time, and not receiving supplemental oxygen therapy.</p> <p>-5/28/24 at 8:00 PM: The Resident was A & O to person, place, and time, and not receiving supplemental oxygen therapy.</p> <p>-5/29/24 at 8:30 PM: The Resident was A & O to person, place, and time, and not receiving supplemental oxygen therapy.</p> <p>-5/31/24 at 1:43 AM: The Resident was A & O to person and place, and not receiving supplemental oxygen therapy.</p> <p>Per EMR documentation, Resident #205 had a planned discharge home for the facility in place for 6/3/24.</p> <p>Review of Resident #205's Electronic Medical Record (EMR) revealed the following documentation:</p> <p>- 5/31/24 at 3:46 PM: SBAR Communication Form and Progress Note . 1. The change in condition, symptoms, or signs . unresponsive vitals WNL (Within Normal Limits) . 2. This started on: 5/31/24 . 3. Since this started has it has . Stayed the same . 4. Things that make the condition or symptom worse are: dyspnea (difficulty breathing) . Vital Signs: Most Recent Blood Pressure . 137/65 Date: 5/30/24 (at) 21:59 (9:59 PM) . Pulse: 85 (normal 60 to 100) . Date: 5/30/24 (at) 21:59 . Most Recent Respiration . 17 (Breaths/min) Date: 5/30/24 (at) 21:59 . Most Recent Temperature . 98.7 (F) (Fahrenheit) Date: 5/30/24 (at) 21:59 . Most Recent O2 sats . 90 (%) Date: 5/30/24 (at) 21:59 . Room Air . Mental Status Changes . Decreased consciousness . Most Recent Blood Glucose . 127 . Date: 5/31/24 (at) 10:47 AM .</p> <p>- 5/31/24 at 4:05 PM: Change of Condition . List symptoms present related to the change of condition . COG (sic- unknown abbreviation) responsive with vitals WNL (Within Normal Limits), no response to pain . (Family) present in facility at time of change .</p> <p>- 5/31/24: Health Care Provider (HCP) Note: Notified by DON that patient became unresponsive, glucagon (medication used to treat low blood sugar) administered, BS (Blood Sugar) increased, and patient stabilized. New orders given for patient to be sent to the emergency department for further evaluation and treatment . Addendum Details: Patient still unresponsive, sent out . Addendum Created Date: 5/31/24 at 4:17 PM.</p> <p>Review of SPO2 vital sign documentation in Resident #205's EMR revealed the following:</p> <p>- 5/21/24 at 9:59 PM: 98% . Room Air</p> <p>- 5/22/24 at 9:59 PM: 97% . Room Air</p> <p>- 5/23/24 at 9:59 PM: 99% . Oxygen via Nasal Cannula</p> <p>- 5/25/24 at 9:21 PM: 95% . Room Air</p> <p>- 5/26/24 at 9:34 PM: 99% . Room Air</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- 5/27/24 at 9:59 PM: 94% . Room Air</p> <p>- 5/28/24 at 9:59 PM: 97% . Room Air</p> <p>- 5/30/24 at 9:59 PM: 90% . Room Air</p> <p>Review of Resident #205's Blood Glucose (BG) monitoring documentation in the EMR revealed the Resident's BG level was monitored inconsistently at different frequencies and times each day.</p> <p>Resident #205's BG was checked four times on 5/24/24, three times daily for seven days, and two times daily on 5/30/24 and 5/31/24. The lowest documented BG level during the duration of their stay at the facility was 74 mg/dL on 5/23/24 at 6:06 AM and the highest level was 190 mg/dL on 5/30/24 at 9:36 AM. The documented BG levels on 5/31/24 were 86 mg/dL at 7:11 AM and 127 mg/dL at 10:47 AM.</p> <p>Review of Resident #205's Health Care Provider Orders revealed the following:</p> <ul style="list-style-type: none"> - Oxygen: Run @ 3L (liters)/min (minute) via NC (Nasal Cannula) . Continuous. Keep SPO2 greater than 88% . as tolerated every shift (Ordered: 5/21/24) - Accucheck (BG monitoring) . Before meals . related to Type 2 Diabetes Mellitus without complications (Ordered: 5/21/24) - If blood sugar less than (70) administer OJ, Food or glucose gel per manufacturer recommendation. Recheck in 15 minutes if no improvement notify MD before meals (Ordered: 5/21/24) - Start IV (Intravenous therapy - catheter inserted into a vein to allow for direct administration of fluids and medications), give 200 mL (milliliters) D10W (Dextrose 10% in Water IV solution), rechecking blood sugar every 15 minutes. If remains unresponsive after blood sugar > 120. Send to hospital for eval. one time only for low blood sugar for 1 Day (Verbal Order from Physician D, Start Date: 5/31/24) - Q-voke pen (prescription, subcutaneous [SQ] injection used to treat very low BG levels) one dose, recheck blood sugar in 15 minutes, if not improved, give second dose. Every evening shift for low blood sugar (Verbal Order from Physician D, Start Date: 5/31/24) - Transfer out to hospital for unresponsiveness (Ordered: 5/31/24) <p>Review of Resident #205's Medication Administration Record (MAR) and Treatment Administration Record (TAR) for May 2024 revealed the following:</p> <ul style="list-style-type: none"> - Resident #205's Accucheck BG monitoring was scheduled to be completed at 7:00 AM, 11:00 AM, and 4:00 PM daily but did not specify the actual time the Resident's BG was checked. - Oxygen at 3L via NC was documented with a check mark three times a day (each shift) on all dates except 5/24/24 in the evening which was blank. - On 5/31/24 at 4:33 PM, the ordered D10W IV infusion was documented as 5=Hold/See Progress Notes. <p>(continued on next page)</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37666</p> <p>This Citation pertains to Intake Number MI00145431.</p> <p>Based on observation, interview and record review, the facility failed to ensure medications were given timely and as ordered for one resident (Resident #201) of 3 residents reviewed for medications, from a census of 111 residents, resulting in Resident #201 receiving doses of medication too close together and too far apart, which could lead to adverse effects and decreased effectiveness of the medications.</p> <p>Findings Include:</p> <p>Resident #201</p> <p>A record review of the Face sheet and Minimum Data Set (MDS) assessment indicated Resident #201 was admitted to the facility on [DATE] with diagnoses: hydrocephalus, bipolar disorder, rheumatoid arthritis, anxiety, chronic pain syndrome, history of pulmonary embolism.</p> <p>The Director of Nursing was interviewed on 7/22/2024 at 2:40 PM, she was asked if Resident #201 was ever given her medications outside of the ordered timeframes. She said it had happened, but she wasn't sure of the exact circumstance. A request for copies of the Medication Administration Record/MAR for July 17th, 2024, with administration times was requested.</p> <p>On 7/25/2024 at 3:55 PM, Resident #201 was interviewed in her room. She was walking around independently and said she was upset because her medications were not always administered when they should be. She said she received her Gabapentin (for seizures/an anticonvulsant) at the wrong times. Resident #201 said on 7/17/2024 she received her Gabapentin in the morning about 9:00 AM and immediately again before 12:00 noon. She said she was supposed to receive it every 8 hours.</p> <p>A review of the physician orders for Resident #201 indicated an order dated 7/13/2024 and revised 7/18/2024 provided, Gabapentin capsule 300 mg, Give 3 capsules by mouth, 3 times a day for anticonvulsant.</p> <p>A review of the MAR for June 2024 for Resident #201 provided, Gabapentin oral capsule 300 mg, Give 3 capsules by mouth, three times a day relate to polyneuropathy, dated 6/28/2024-7/3/2024. The times were 0800, 1200 and 1800.</p> <p>A review of the July 2024 MAR for Resident #201 provided, Gabapentin capsule 300 mg, Give 3 capsules by mouth three times a day for anticonvulsant, start date 7/13/2024. The times were listed as 0800, 0900, 1200, 1500 (3:00 PM), 1800 (6:00 PM), 2000 (8:00 PM), 2100 (9:00 PM). The Medication was not administered as ordered, 3 times a day. Gabapentin was administered at each time.</p> <p>A review of the MAR for July 17th, 2024 with the times the nurses actually administered the medications, identified the following:</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/17/2024 Gabapentin was administered at 9:13 AM, 11:26 AM and 11:08 PM.</p> <p>The first 2 doses were very close together and the last dose was 12 hours after the previous dose.</p> <p>On 7/29/2024 at 12:10 PM the Director of Nursing/DON was interviewed about Resident #201's Gabapentin orders and administration times. The 7/17/2024 MAR was reviewed. The DON said the medications should not have been administered that closely together and sometimes the resident did not want to take her medications in the evening. Reviewed the medication is known to be sedating and could have side effects and adverse effects when not administered as ordered. She said she would be addressing this with the nurses. The DON was asked if the times had been addressed with the resident. She said the resident had talked to her about it.</p> <p>Mayo Clinic, Aug. 1, 2024, Gabapentin (Oral route): Proper Use- Take this medicine only as directed by your doctor. Do not take more of it, do not take it more often, and do not take it for a longer time than your doctor ordered. To do so may increase the chance of side effects .</p> <p>A review of the facility policy titled, Medication Administration, dated 10/30/2020 and reviewed/revised 1/17/2023 provided, Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice .</p>

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37666</p> <p>This Citation Pertains to Intake Number MI00145690.</p> <p>Based on observation, interview and record review, the facility is placed in Immediate Jeopardy for its failure to 1) Initiate remediation measures, per standards of practice, and as requested by the Local Health Department, after one resident (Resident #205) tested positive for Legionella (a bacteria that spreads through water systems and devices) in a urine antigen test on [DATE]; 2) Complete and submit a Legionella Environmental Assessment Form (LEAF) in a timely manner to the Health Department; 3) Provide representative environmental water samples to the Health Department (at least 20 samples) to retest for Legionella in the facility, as the facility's water had tested positive for Legionella on several occasions in the past and most recently on [DATE]; 4) Collect urine antigen and sputum samples for each resident with respiratory or pneumonia symptoms to test for the presence of Legionella; and 5) Implement infection control practices per policy and procedure and standards of practice to prevent the potential spread of Legionellosis, for 27 of 59 sampled residents (Resident #'s: 201, 202, 203, 204, 205, 207, 211, 219, 221, 222, 226, 227, 229, 231, 235, 237, 238, 239, 241, 243, 249, 251, 253, 254, 256, 257, 259), from a census of 111, who all exhibited respiratory illness signs and symptoms, resulting in an Immediate Jeopardy when on [DATE] the Health Department was notified of Resident #205 testing positive for Legionella and the facility did not initiate remediation measures, as recommended by the Health Department, to adequately aid in assessing the risk of Legionella exposure to residents of the facility, this placed all residents, staff and visitors at risk for exposure to illness.</p> <p>Findings Include:</p> <p>Immediate Jeopardy (IJ):</p> <p>The IJ began on [DATE].</p> <p>The IJ was identified on [DATE] at 2:30 PM.</p> <p>The facility Administrator was notified of the IJ on [DATE] at 3:47 PM and a plan for the removal of IJ immediacy was requested.</p> <p>The Removal Date was [DATE].</p> <p>The removal of the IJ was verified on [DATE].</p> <p>Centers for Disease Control and Prevention/CDC: Legionella (Legionnaires' Disease and Pontiac Fever) Key Points: Legionella can cause Legionnaires' disease and Pontiac fever, collectively referred to as Legionellosis; Being an older adult or having certain medical conditions puts people at increased risk for these infections .</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Legionellosis is a bacterial disease caused by Legionella. There are at least 60 different species of Legionella, most of which are considered pathogenic (illness causing) . Clinical Features: . Legionnaires' disease is characterized by illness with pneumonia . Pontiac Fever is a milder, self-limiting illness without pneumonia .Common signs and symptoms: Legionnaires' Disease: Clinical symptoms may vary but include acute onset of lower respiratory illness with fever or cough. Additional symptoms may be present: chest discomfort, headache, malaise, myalgia (muscle aches) nausea, diarrhea, or abdominal pain, shortness of breath (it is diagnoses by a urine antigen test and sputum culture) .</p> <p>Pontiac Fever: Symptoms include Chills, Fatigue, Fever, Headaches, Malaise, Myalgia, Nausea or vomiting . (it is not diagnosed by the urine antigen test) .</p> <p>Complications: Legionnaires' Disease: hospitalization is common. The case-fatality rate is approximately 10%. For healthcare-associated infections, the case-fatality rate averages 25% .</p> <p>On [DATE] the facility contacted the Local Health Department and notified them that Resident #205 tested positive for Legionella in a urine antigen test on [DATE]; this was the day after the resident transferred to the hospital from the facility on [DATE] with difficulty breathing.</p> <p>The Local Health Department contacted the facility on the following dates while attempting to gather assessment information to investigate and assess the facility's Legionella exposure risk to the residents.</p> <p>On [DATE] the Health Department began their investigation and requested additional information from the facility.</p> <p>On [DATE] additional information was requested again from the facility by the Health Department.</p> <p>On [DATE], the facility was asked if they performed regular water testing for temperature, pH, or Chlorine at the facility.</p> <p>On [DATE], the Health Department subsequently requested additional information, as they had not received a response from the facility and the facility was asked to complete the following: Legionella Environmental Assessment Form within 48 hours, Resident testing (urine antigen and sputum cultures) for those residents with respiratory symptoms and or pneumonia and representative environmental water samples.</p> <p>In addition, on [DATE] the Health Department submitted a letter to the facility with detailed information to aid in identifying the presence of Legionella in the facility's water system and preventive measures for the residents, staff and visitors to the facility and included, The (Health Department) received your report of a patient at (the facility) who meets the criteria for presumptive healthcare-associated Legionnaires' disease, given that they were inpatient at the facility for multiple days during their 14-day incubation period. Most people who develop Legionnaires' disease were exposed to water containing Legionella bacteria sometime in the 14 days before illness onset. Identifying even one presumptive healthcare-associated case of Legionnaires' disease in this timeframe raises concern for ongoing transmission within your facility .</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>In the letter, the Health Department asked the facility if they were working with an environmental/water consultant and they strongly recommended they work with the consultant to develop an environmental risk assessment and begin the environmental Legionella sampling as soon as possible, ideally within 48 hours. The document detailed specifics on where and how to perform the water sampling to best identify Legionella present in the water system.</p> <p>On this date [DATE] a request was made by the Health Department for the facility to complete the Legionella Environmental Assessment Form (LEAF) and send it back to the Health Department before the two met.</p> <p>The facility was asked to provide results of positive isolates from the water samples from the representative environmental water testing. The facility's most recent positive water sample for Legionella was on [DATE].</p> <p>The Health Department strongly recommended installation of 0.3 micron filters for sinks and shower heads; remove aerators from all sink faucets; avoid using sinks in resident rooms until 0.2 micron filters could be installed on the faucets.</p> <p>Showering restrictions were recommended until the 0.2 micron filters were installed; restriction of jetted or hydrotherapy tubs was recommended; bottled drinking water and restrictions for use of the ice machines was recommended for all residents with swallowing difficulties</p> <p>The Legionella Environmental Assessment Form was completed and submitted to the Health Department on [DATE]; five weeks after being requested.</p> <p>The facility was requested to send a list of residents to the Health Department with pneumonia or respiratory symptoms, both current and over the past 30 days. They recommended testing of all residents and staff with urine antigen and sputum cultures for anyone symptomatic.</p> <p>The Health Department recommended the facility provide notification to residents, families, visitors, recently discharged residents and the public notifying them of a presumptive positive healthcare-associated case at the facility and the need for monitoring for signs and symptoms and testing if indicated.</p> <p>The Health Department recommended a resident review over the past 12 months to assess for signs and symptoms of Legionella and to Implement active clinical surveillance for ,d+[DATE] months following confirmation of the last possible or definite health-care associated Legionnaires disease.</p> <p>On [DATE] the Health Department's Medical Director, Physician J contacted the facility via email because the facility had not provided the information that had been requested over the prior 5 weeks, since the presumptive positive Legionella result for Resident #205. The facility had not submitted a completed Legionella Environmental Assessment Form, representative water samples or urine antigen and sputum cultures for residents with pneumonia or respiratory symptoms.</p> <p>The Health Department had requested the facility provide the above mentioned items 6 times: [DATE], [DATE], [DATE], [DATE], [DATE] and [DATE]. In addition, the Health Department had repeatedly requested facility results for water temperatures and chlorine levels, of which they had not received.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>The Legionella Environmental Assessment Form was completed by the facility and submitted to the Health Department on Friday, [DATE]; five weeks after the Health Department requested the facility complete it within 48 hours.</p> <p>On Monday, [DATE] the Health Department contacted the facility again and relayed based on the data from the facility's Legionella Environmental Assessment Form it appeared the conditions existed at the facility for Legionella growth over the past year. The facility was again requested to submit the representative environmental water samples (at least 20 samples), testing of residents with respiratory symptoms or pneumonia via urine antigen and sputum cultures.</p> <p>The representative environmental water samples were obtained on [DATE] and sent to a laboratory for Legionella testing: 6 weeks after they were requested and two days after the surveyors entered the building.</p> <p>The facility assessed the residents for signs, symptoms and risk for Legionellosis on [DATE] and began testing 25 residents via urine antigen and sputum cultures on [DATE]; 6 weeks after the Health Department requested residents be screened for respiratory signs and symptoms and pneumonia and to be tested for Legionella; this was 3 days after the surveyors entered the building.</p> <p>The facility tested 2 more residents with respiratory symptoms on [DATE], one more on [DATE], one more on [DATE] and one resident was transferred to the emergency room on [DATE], where testing for Legionella was requested.</p> <p>The facility did not initiate the following recommendations by the Health Department to aid in decreased transmission of Legionella: Installation of 0.2 micron filters for sinks and shower heads while awaiting environmental testing to be performed and resulted. Remove aerators from all sinks and faucets; restrict resident showering until 0.2 micron filters were installed; bottled water should be used for all residents with swallowing difficulties; do not use ice from ice machines for residents with swallowing difficulties; there was no testing of residents or staff with signs or symptoms of pneumonia or respiratory symptoms.</p> <p>On [DATE] 12:15 PM, the Infection Preventionist Nurse A and Maintenance Director B were interviewed about Legionella in the facility's water and a resident testing positive for Legionella on [DATE]. The Infection Preventionist/IP A said she wasn't sure, but she thought the resident was #202, but she would check on it.</p> <p>During the interview on [DATE] at 12:15 PM, The Maintenance Director B said the facility had tested positive for Legionella in the water in September, October and [DATE]. He provided a timeline of retesting and interventions that were enacted at that time. The Maintenance Director provided facility water testing results for [DATE] that were negative. The next time the facility tested the water was [DATE]th, 2024, and two areas (room [ROOM NUMBER] and room [ROOM NUMBER]) grew Legionella pneumophila Serogroup ,d+[DATE] on a culture. The report included the following: Legionella Facts: 1. Testing Methodology: Culture remains the recommended method for Legionella monitoring. Standardized culture procedures include ISO 11731: 2017 Detection and Enumeration of Legionella and CDC: Procedures for the Recovery of Legionella from the Environment. Reg: BSR/ASHRAE Standard ,d+[DATE]. The Maintenance Director B said the report showed low levels of Legionella and the facility retested on [DATE]: 5 weeks later. All sampled areas were negative at that time including rooms [ROOM NUMBERS], but no other areas on the 100 or 700 halls was tested . No remediation measures were enacted.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>During the same interview on [DATE] at 12:15 PM, the Maintenance Director B said the facility completed water testing for room [ROOM NUMBER] on [DATE]. This was the room that the resident was in who tested positive for Legionella. It was not Resident #202's room. It was Resident #205's room, as he was the resident who tested positive for Legionella. No additional rooms were tested. The Maintenance Director did not relay that the Health Department had requested the facility provide representative environmental water samples (at least 20 samples) and the facility had not done this. The Maintenance Director was asked if the facility had installed any 0.2 micron water filters and he said they had not. He said the facility and residents were [NAME] using the water.</p> <p>On [DATE] at 12:25 PM, during the interview with IP A she was asked if the facility had assessed the residents for respiratory symptoms or pneumonia and she said they had been previously assessed, [DATE] to [DATE], but only one resident was determined to have respiratory symptoms (Resident #237 pneumonia), and they were not tested via urine antigen or sputum culture for Legionella. The Infection Line Listings were requested for [DATE]- [DATE] at this time. The IP A said the facility had several phone calls and emails from the Health Department related to the resident testing positive for Legionella on [DATE]. She said the facility had provided the LEAF (Legionella Environmental Assessment Form) on [DATE]. She said no resident urine antigen tests or sputum cultures had been sent to the Health Department.</p> <p>On [DATE] at 1:30 PM, during a tour of the facility, a Confidential Staff P was asked if anyone had been coughing or ill with a respiratory infection recently. The Confidential Person P said that some of the residents and staff had recently tested positive for Covid-19. The Confidential Person said some people were just getting over the illness.</p> <p>On [DATE] at 3:00 PM during a tour of the facility with IP A, she was asked if there had recently been a Covid outbreak in the facility. She said the facility had started with Covid-19 positive staff and residents in [DATE] and there were more identified in [DATE]. An Infection Line Listing with this information was requested at this time.</p> <p>On [DATE] at 11:00 AM, the Resident Infection Line Listings for January- [DATE] were reviewed with IP A. The [DATE] Line Listing was missing. The IP said she would provide it. It was noted all residents listed had received an antimicrobial or anti-fungal treatment. No one on the Line List had symptoms without antimicrobial treatment. There was no one listed on the June or [DATE] line listing that was identified as Covid-19 positive. The IP Nurse provided a type written list (not a Line List) of staff and resident's who had tested positive for Covid-19 beginning [DATE] through [DATE]. There were 5 residents and 5 staff who tested positive for Covid-19; they had not been tested for Legionella.</p> <p>After further review of the [DATE]- [DATE] Resident Infection Line Lists, it was identified that onset of symptoms of infections was not being monitored, until the resident was diagnosed with an infection and an antimicrobial treatment was ordered. Potential Legionella infection was not being monitored.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>On [DATE] at 1:55 PM, Epidemiologist H was interviewed about Resident #205 testing positive for Legionella. She said the Health Department was notified of the positive result on [DATE], both by the Hospital and the facility. She said the Health Department began immediate communication with the facility on [DATE] via phone and then phone and email. The Epidemiologist H said they did not receive the Leaf assessment from the facility until [DATE] and never received the representative environmental water samples. She said a representative sample would be about 20 samples. She also said the Health Department had requested assessing the residents for respiratory symptoms or pneumonia, Covid or Influenza positive and completing urine antigen tests and sputum cultures on those residents or staff. She said they had not received any test results or confirmation that testing had occurred. She said the facility had been uncooperative in participating in the investigation into the positive Legionella test identified on [DATE]. The Epidemiologist said they could not effectively assess the resident's risk of contracting Legionella within the facility without the necessary pieces of information that the facility had been asked to provide.</p> <p>Resident Reviews:</p> <p>Resident #201</p> <p>A record review of the Face sheet and Minimum Data Set (MDS) assessment indicated Resident #201 was admitted to the facility on [DATE] with diagnoses: hydrocephalus, bipolar disorder, rheumatoid arthritis, anxiety, chronic pain syndrome, history of pulmonary embolism. The resident had multiple visits to the Emergency department/ED and hospital stays related to an ongoing respiratory condition, including pneumonia, including: [DATE]-[DATE]; [DATE]-[DATE]; [DATE]-[DATE] and [DATE]-[DATE].</p> <p>Resident #201 was not tested for Legionella.</p> <p>Resident #202</p> <p>A record review of the Face sheet and Minimum Data Set assessment indicated Resident #202 was admitted to the facility on [DATE], with diagnoses: history of a stroke, diabetes, kidney failure, dysphagia, heart failure, and heart disease. The resident was discharged on [DATE] and readmitted on [DATE].</p> <p>A progress note dated [DATE] at 11:02 AM provided, . Patient notably more confused .</p> <p>A progress note dated [DATE] at 9:50 PM, indicated Resident #202 had low oxygen saturation levels at 85% with oxygen via nasal cannula, the resident was highly anxious and the provider was contacted. The resident requested to go to the hospital.</p> <p>On [DATE] at 10:52 AM, a nursing progress note Legionella Monitoring, provided the following, Legionella Monitoring: Does the resident have new onset of any of the following symptoms? Headache, muscle aches, fever (>104F), cough, (shortness of breath), Chest pain, GI symptoms, confusion or mental status changes . The nurse documented No signs or symptoms.</p> <p>Resident #202 was discharged to the hospital on [DATE] with respiratory distress, readmitted on [DATE] with diagnoses pneumonia and sepsis and died in the facility on [DATE].</p> <p>Resident #202 was not tested for Legionella.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>A record review of the Face sheet and Minimum Data Set (MDS) assessment indicated Resident #238 was admitted to the facility on [DATE] with diagnoses: end stage kidney disease, dialysis, chronic pain, an autoimmune disorder, weakness, bipolar disorder and anxiety.</p> <p>A record review of the progress notes indicated Resident #238 had a change of condition on [DATE] and was lethargic with very low oxygen saturation at 33% and was transferred to the hospital: she was diagnosed with Covid-19 and intubated. She returned on [DATE]. On [DATE] the resident had very low oxygen saturation levels again at 77% and 78% on room air.</p> <p>Resident #238 was not tested for Legionella.</p> <p>Resident #249</p> <p>A record review of the Face sheet and Minimum Data Set (MDS) assessment indicated Resident #249 was admitted to the facility on [DATE] with diagnoses: kidney disease, diabetes, morbid obesity, heart disease, gout, weakness, pain, depression, history of strokes.</p> <p>A record review of the progress notes on [DATE] at 12:00 AM, revealed the resident had a cough and trouble breathing. The resident was diagnosed with bronchitis.</p> <p>Resident #249 had not been tested for Legionella.</p> <p>Resident #251</p> <p>A record review of the Face sheet and Minimum Data Set (MDS) assessment indicated Resident #251 was admitted to the facility on [DATE] with diagnoses heart failure, COPD, history of a stroke, history of respiratory failure, heart failure, weakness, depression and anxiety.</p> <p>A review of the progress notes revealed on [DATE] the resident had a change of condition with difficulty breathing, dry cough, and acute respiratory distress, and the resident was transferred to the hospital. The resident was readmitted on [DATE].</p> <p>Resident #251 was not tested for Legionella.</p> <p>On [DATE] at 9:45 AM the Abatement plan was reviewed with the Director of Nursing. She said the facility began monitoring all residents for potential signs and symptoms of Legionella on the afternoon of [DATE] and had began completing urine antigen tests for Legionella for those residents with signs and symptoms and had began obtaining sputum samples for those residents with a productive cough.</p> <p>On [DATE] at 10:09 AM, Nurse Practitioner E was interviewed. She said she had worked at the facility for a couple of months and was out of town for training from [DATE]st, 2024-[DATE]th, 2024. She said she had heard about the positive Legionella test for Resident #205 from the IP Nurse. She said the nurses had a list of symptoms for Legionella and residents who had symptoms should have been tested .</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>On [DATE] at 10:56 AM, the Assistant Director of Nursing/ADON K was interviewed. She said she was notified of the positive Legionella test for Resident #205 when she returned from vacation in [DATE]. She said Charting orders were placed into the computer for nurses to assess the residents. There was a list of residents with dysphagia. We were supposed to use bottled water for them. We didn't do any testing.</p> <p>On [DATE] at 11:45 AM, the Infection Preventionist was interviewed and she said they had begun receiving urine antigen test results. She said so far, the results were negative, but they were waiting for the remainder of the tests. She said the facility continued to obtain sputum samples. A list of those residents tested was obtained and reviewed and the results were also reviewed. The IP said the nurses were monitoring residents for all signs and symptoms of Legionella and documenting their findings. Upon record review, it was identified the nurses were assessing the residents.</p> <p>A review of the facility policies identified the following:</p> <p>Infection Prevention and Control Program, date implemented [DATE] and reviewed/revise [DATE] identified, Policy: This facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment, and to help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines . The designated Infection Preventionist is responsible for oversight of the program and serves as a consultant to our staff on infectious diseases . A system of surveillance is utilized for prevention, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals . Water Management: A water management program has been established as part of the overall infection prevention and control program .</p> <p>Water Management Program, undated provided, It is the policy of this facility to establish water management plans for reducing the risk of Legionella and other opportunistic pathogens . in the facility's water systems . A water management team has been established to develop and implement the facility's water management program, including facility leadership, the Infection Preventionist, maintenance employees, safety officers, risk and quality management staff, and Director of Nursing .</p> <p>Immediate Jeopardy Removal:</p> <p>On [DATE] at 1:30 PM, during a review of the IJ Removal Plan for the facility with the Director of Nursing the following was identified as being initiated:</p> <p>[DATE]: The Administrator provided education to the Maintenance Director efforts after a positive Legionella water sample.</p> <p>[DATE]: The Director of Nursing provided education to the Infection Preventionist on checking for and documenting signs and symptoms of Legionella on the facility's Infection Line Listing and performing urine antigen and sputum cultures as indicated.</p> <p>[DATE]: The Infection Preventionist/Designee began education to the staff nurses on documenting signs and symptoms of Legionella and to notify the hospital on the need for testing urine antigen and sputum cultures for those residents transferred to the hospital with signs and symptoms of Legionella.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>[DATE]: The Medical Director was notified.</p> <p>[DATE]: The Director of Nursing/Designee completed chart audits for all residents to assess for signs and symptoms of Legionella. Any resident with signs and symptoms was tested via urine antigen and sputum culture if able.</p> <p>[DATE]: The facility held a QAPI meeting and reviewed the policies: Water Management Program, Infection Surveillance and the Infection Prevention and Control Program. The Abatement Plan was reviewed at QAPI.</p> <p>[DATE]: The facility alleged compliance.</p> <p>37668</p> <p>Resident #205</p> <p>Review of intake documentation pertaining to Resident #205 detailed the facility had positive legionella in the water for about a year and were not willingly working with the Local Health Department (LHD) as required by public health code. The intake further revealed an individual (Resident #205) tested positive for Legionnaires' (serious type of pneumonia caused by the Legionella bacteria) and was at the facility within the incubation period (time between exposure/infection to symptom onset) of Legionnaires' illness onset.</p> <p>Record review revealed Resident #205 was admitted to the facility on [DATE] with diagnoses which included right ischium (one of three bones that form the hip bone) fracture, falls, non-insulin dependent diabetes mellitus, atrial fibrillation (irregular heart rhythm), and heart disease. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed the Resident was cognitively intact and required set-up to moderate assistance to complete Activities of Daily Living (ADL).</p> <p>Resident #205 was transferred to the hospital on [DATE] and did not return to the facility.</p> <p>A review of the facility provided Resident Infection Line Listing 2024 was completed. Resident #205 was included on the line list as having a Respiratory Tract infection caused by Legionella/Influenza with an onset date for the infection listed as [DATE].</p> <p>Review of Resident #205's Electronic Medical Record (EMR) revealed the following documentation:</p> <p>- [DATE] at 3:46 PM: SBAR Communication Form and Progress Note . 1. The change in condition, symptoms, or signs . unresponsive vitals WNL (Within Normal Limits) . 2. This started on: [DATE] . 3. Since this started has it has . Stayed the same . 4. Things that make the condition or symptom worse are: dyspnea (shortness of breath) . Vital Signs . Most Recent O2 sats . 90 (%) Date: [DATE] (at) 21:59 . Room Air . Mental Status Changes . Decreased consciousness . Most Recent Blood Glucose . 127 . Date: [DATE] (at) 10:47 AM .</p> <p>- [DATE] at 4:05 PM: Change of Condition . 1. List symptoms present related to the change of condition . COG (sic- unknown abbreviation) responsive with vitals WNL (Within Normal Limits), no response to pain . (Family) present in facility at time of change .</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>- [DATE]: Health Care Provider Note: Notified by DON that patient became unresponsive, glucagon (medication used to treat low blood sugar) administered, BS (Blood Sugar) increased, and patient stabilized. New orders given for patient to be sent to the emergency department for further evaluation and treatment. Addendum Details: Patient still unresponsive, sent out. Addendum Created Date: [DATE] at 4:17 PM.</p> <p>Review of Resident #205's Skilled Daily-Medically Complex Nursing documentation from [DATE] to [DATE] revealed the following:</p> <p>- [DATE] at 3:31 AM: Resident #205 was Alert and Orientated to person, place, date, and time (A & O X 4), experiencing shortness of breath, and receiving oxygen therapy while simultaneously specifying the Resident's most recent SPO2 was 98% on room air on [DATE] at 9:59 PM.</p> <p>- [DATE] at 11:40 PM: Resident #205 was A & O to person, place, and time, experiencing shortness of breath, and receiving oxygen therapy via nasal cannula.</p> <p>Per EMR documentation, Resident #205 had a planned discharge home for the facility in place for [DATE].</p> <p>Review revealed the last documented SPO2 vital sign documentation in Resident #205's EMR occurred on [DATE] at 9:59 PM and specified, 90%. Room Air.</p> <p>Review of Resident #205's Health Care Provider orders, Medication Administration Record (MAR) and Treatment Administration Record (TAR) for [DATE] revealed the Resident did not have a task in place for Legionella and/or respiratory infection sign/symptom monitoring.</p> <p>Further review of scanned documentation in Resident #205's EMR revealed a fax from the hospital to the facility dated [DATE]. The fax contained Pneumonia Panel sputum testing laboratory testing results. The laboratory test was dated [DATE] and specified Resident #205 tested positive for Legionella pneumonia, Coronavirus, Influenza A, and Klebsiella Oxytoca (bacteria commonly found in the intestinal tract, mouth, and nose which can cause opportunistic infections including pneumonia).</p> <p>Review of facility water testing report dated [DATE] revealed the facility tested on e source of water in the room Resident #205 resided in while at the facility following the report received from the</p>		