

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 09/26/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22347</p> <p>This Citation pertains to Intake Number MI00147080.</p> <p>Based on interview and record review, the facility failed to ensure one resident's (Resident #106) care plan (Impaired Hepatic Status) was implemented of 3 residents reviewed for care plans, resulting in the likelihood for exacerbated hepatic systems (increased abdominal girth, abdominal pain, fullness/discomfort, jaundice), pancreatic involvement (inflammation of pancreas) and hospitalization .</p> <p>Findings Include:</p> <p>Resident #106:</p> <p>Review of the Face Sheet, care plans dated 9/6/24, nursing and physician notes dated 9/5/24 through 9/13/24, revealed Resident #106 was [AGE] years old, alert, admitted to the facility on [DATE], and required assistance with activities of daily living (ADL's). The residents diagnosis included, gangrene of fingers, diabetes, chronic obstructive pulmonary disease, heart failure, atrial fibrillation, anemia, alcoholic cirrhosis of liver, chronic pancreatic, elevated liver transaminase levels and heart failure. The resident was transferred to the hospital on 9/13/24, and diagnosed with distended gallbladder without gallstones, a large amount of ascites (fluid build-up) and small right-sided pleural effusion with compressive atelectasis (partial lung collapse). The resident was a full code at the facility.</p> <p>Review of the facility nursing note dated 9/13/24, stated Notified by nurse at 1449 (4:49 p.m.) that patient and (family member) are requesting to go to the hospital of complaints of abdominal pain and ?not feeling well; nurse reports patient has been transported to (Hospital's) ER.</p> <p>Review of the Hospital record dated 9/13/24, stated CT Abdomen and Pelvis w/contrast, Impression: Findings are consistent with acute or chronic pancreatitis, distended gallbladder without gallstones, a large amount of ascities, small right-sided pleural effusion with compressive atelectasis. Assessment/Plan: Abdominal pain-possible acute on chronic pancreatitis, liver cirrhosis, hypocalcemia, lactic acid, urinary retention. The resident was admitted to the ICU (Intensive Care Unit) at the hospital for evaluation and treatment.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Pancreatitis is inflammation of the pancreas. Inflammation is immune system activity that can cause swelling, pain, and changes in how an organ or tissues work. More-serious disease requires treatment in a hospital and can cause life-threatening complications. Diseases and Conditions, Mayo Clinic</p> <p>Review of the residents facility Impaired Hepatic care plan dated 9/6/24, stated report to physician/NP/PA increase in abdominal pain and/or increase in abdominal girth (requires a measurement of the abdomen upon admission and daily skilled charting to compare and report any increases to the physician).</p> <p>Review of the facility nursing notes and electronic medication administration records dated 9/5/24 through discharge (9/13/24), revealed no documentation of assessing or monitoring the residents abdominal girth, nor location of pain that pain medications had been given for.</p> <p>The measurement of the abdominal girth may be helpful in diagnosing abdominal distention, which commonly results from intestinal gas or fluid. Increased abdominal girth may also indicate disease of the intestine or liver (acute liver cirrhosis requiring hospitalization). CDC 2023 and eMedicine, May 30, 2023</p> <p>Review of the facility Baseline Care Plan dated 12/28/23, stated The facility will develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care.</p> <p>During an interview done on 9/26/24 at 9:30 a.m., Nurse, LPN K stated I understand, I apparently did not chart.</p> <p>During a phone interview done on 9/26/24 at 9:35 a.m., Nurse, RN graduate L stated I appreciate it (informing her regarding lack of charting/documentation), I will be more mindful to chart.</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>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** 22347</p> <p>This Citation pertains to Intake Number MI00146098.</p> <p>Based on interviews and record review, the facility failed to ensure that one resident (Resident #101), who had a long history of mental illness (Bipolar Disorder, anxiety, attention deficit, and Borderline Personality with harm threats and physical aggression), of 3 residents reviewed for mental health services, obtained mental health services (including mental health medication review) while at the facility, resulting in a major psychotic episode with violent and aggressive behaviors towards staff, threats of harm to staff, with hospitalization .</p> <p>Findings Include:</p> <p>Resident #101:</p> <p>Review of the Face Sheet, behavioral charting, Minimum Data Set (MDS, resident assessment) dated 7/24, and progress notes, revealed Resident #101 was [AGE] years-old, admitted to the facility on [DATE] and discharged to the hospital on 8/2/24. The resident received psychotropic medications and had a known history of violence and harm to animals. The resident's diagnosis included, anxiety disorder, anemia, bipolar disorder, borderline personality, attention deficit hyperactivity disorder, arthritis, restlessness and agitation, unspecified lack of expected normal physiological development in childhood and required staff assistance with activities of daily living. The resident had received mental health services through CMH (Central Michigan Health) prior to admission to the facility.</p> <p>Review of the facility progress note dated 8/2/24, revealed the resident got very up-set when informed by staff that his room needed to be changed. The resident then swore at staff and started to throw things and hit things while going down the hallway. Resident jumped out of chair and attempted to hit the DON (Director of Nursing; no longer at facility). Resident continued to be verbally aggressively with staff. Pt continues to threaten staff. Redirection unsuccessful. Police intervention was needed. Resident continues to be verbally aggressive with police and staff.</p> <p>Review of the facility Nurse Practitioner note dated 8/2/24, stated Patient was sent out to emergency department for further evaluation and treatment.</p> <p>During an interview done on 8/18/24 at 11:00 a.m., with the DON and the Director of Social Services/SW E stated Once I figured out his behaviors, on 8/2/24, I asked for the level 2 (mental health screen); Yes, I should have got a level 2 before (the day of his discharge to the hospital). We asked Behavior Care Solutions to see him or CMH, I can't remember. The Director of Social Services E said when the resident was first admitted she got him off the Haldol right away (no titration was done, and no referral to mental health services was made at this time).</p> <p>Discontinuation syndrome (for Haldol medication): dysphoria (crying spells, irritability), anxiety, restlessness, dizziness, N/V, GI distress, flu-like syndrome, may also cause behavioral symptoms. Pharmacology: How to start, titrate and monitor challenging medications; Department of Psychiatry, OHSU</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>Review of the resident's closed electronic record done with the Director of Nursing/DON on 9/18/24, revealed no documentation of any referrals done for mental health services until 8/2/24, and it was for Behavioral Health Solutions, when this resident had currently received services from CMH at the assisted living he was living at prior to admission to the facility. No documentation was found of the facility contacting CMH when the resident was admitted or during his stay, and SW E was not able to recall.</p> <p>Review of the facility referral to Behavioral Care Solutions revealed, no date at all on it, and not signed correctly by the resident's responsible party. This referral never got sent out by SW E.</p> <p>During an interview done on 9/18/24 at approximately 3:30 p.m., mental health Nurse Practitioner J stated, I never saw him, or got a referral.</p> <p>During an interview done on 9/18/24 at 3:27 p.m., the Business Manager I said the facility had not billed for services received by Behavioral Care Solutions for the resident.</p> <p>During an interview done on 9/18/24 at approximately 3:10 p.m., when asked what should have been done upon admission to the facility for the resident, Social Services F stated You go to CMH and find out what's going on.</p> <p>Review of the facility Admissions to the facility policy dated 9/24/20, stated The objectives of our admissions policies are to: Admit residents who can be adequately cared for by the facility,.</p>		