STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235600	A. Building B. Wing	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Montrose Inc	9317 West Vienna Road 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)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Intake Number 3033898. Based on observation, interview, and record review, the facility failed to 1) Consistently provide the prescribed mechanically altered diet as ordered and 2) Follow the resident's stated dining preferences for one resident (Resident #5) of three residents reviewed for nutrition maintenance and resident preferences.Findings include: Resident #5 (R5):A record review of the face sheet and Minimum Data Set (MDS) assessment indicated R5 was admitted to the facility on [DATE] with diagnoses: gastro-esophageal reflux disease (GERD/ stomach acid back up), fracture of first lumbar (back) vertebra, hyperlipidemia (high cholesterol), history of protein-calorie malnutrition, oropharyngeal dysphagia (difficulty swallowing), lung cancer stage IV, congestive heart failure (CHF / decreased ability of heart to pump blood), and hypertension (high blood pressure). The MDS assessment dated [DATE] indicated the resident had moderate cognitively impairment with a Brief Interview for Mental Status (BIMS) score of 12/15 and required assistance with care and a mechanically altered diet.06/15/2026 at 12:47PM, an observation of R5 sitting in bed with lunch tray on tray table. The meal tray had a plate with a cubed-up BBQ pork sandwich (0% consumed), mashed potatoes (100% consumed), an empty cup that held vanilla pudding (100% consumed), a bowl of sliced peaches (0% consumed), a glass of water and a glass of juice both full. When R5 was asked about her meal she said she was done eating. R5 was queried about the untouched food on her tray she said she ate as much as she could and I can't eat that and pointed to the sandwich, when asked why she responded, I can't eat tomatoes-based food and referred to the sauce and issues with her stomach.A record review of the meal ticket revealed on the resident information side: Diet order: level 3/Advanced, small portions; Alerts: provide verbal food/drink location on tray; set-up assistance; supervision; Dislikes: juice, oatmeal, raw fruits & vegetables (pineapple, broccoli, peas), eggs, coffee, milk; standing orders: 4 oz health shake, mash potatoes (with gravy), 1/2 C. pudding, 8 oz water. and on the daily lunch order side nothing was circled, the daily special was listed as BBQ pork sandwich. On 06/16/2026 at 8:26AM, during an observation of R5, her breakfast tray was sitting in front of her, she said she was full and that she had eaten all that she could. R5 said she cannot eat a lot because of her stomach issues and because she had cancer, she said she struggles with some foods. R5 continued to explain she does not tolerate tomatoes or tomato based foods or butter on her toast. She said I don't eat yogurt, milk or (points to dry bowl of corn flakes). Observed on her meal tray was an empty pudding cup, an empty 4 oz mighty shake, a full bowl of corn flakes, a full glass of milk, 2 pieces of dry toast cut in half diagonally, an unopened strawberry jelly packet, a full cup of pink yogurt, a full glass of orange juice, and a full a glass of water.A record review of the meal ticket revealed on the resident information side: Diet order: level 3/Advanced, small portions; Alerts: provide verbal food/drink location on tray; set-up assistance; supervision; Dislikes: juice, oatmeal, raw fruits & vegetables (pineapple, broccoli, peas), eggs, coffee, milk; standing orders: corn flakes , 4oz. health shake,1/2 C pudding, 1 sl (slice) of toast (with jelly) no butter), 8 oz. water. On the daily breakfast order side nothing was circled, the daily special was listed as egg, bacon and cheese on an English muffin. On 06/16/2026 at 8:28AM, During an interview with Nurse B they said they were familiar with the resident and when asked said that R5 does not (continued on next page)

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
	235600	A. Building B. Wing	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Montrose Inc	9317 West Vienna Road 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)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	typically eat a lot. Nurse B said R5 had stomach issues and had medication scheduled and prn (as needed). According to a record review of R5's physician orders: revised 05/04/2026: Regular diet, Level 3 texture, Regular fluid, thin consistency with Directions: small portions, 5 small meals daily.According to a record review of the facilities provided National dysphasia diet level 3: advanced was defined as: The diet consists of foods of varying textures with the exception of very hard, sticky, or crunchy foods. Foods need to be served moist, ground, chopped or in bite size pieces (less than 1 inch) . with Considerations for specific food items: Bread- plain bread or rolls must be served with margarine. Sandwiches must be served with a condiment spread on the bread; Toast- restricted from the diet and noted Meals need to be modified to suit individual resident tolerance. and Individual preference needs to be considered when planning the patient meal.According to a record review of the attached food guide list reference for the National dysphasia diet level 3: advanced listed under the categorized food group-recommended-avoid: Grains: recommended- any well moisten breads, biscuits, muffins, pancakes, waffles etc.; Need to add adequate syrup, jelly, margarine, butter etc. to moisten well. All well moistened cereals. Avoid- Dry bread, toast, and crackers etc.; Course or dry cereal.According to a record review of R5's care plan: Focus: (R5) has an ADL self-care performance deficit related to decreased. functional mobility and physical limitations. with Interventions: EATING: tray setup assist, supervision/cueing as needed. And Focus: (R5) is at risk for altered nutritional status related to my appetite is poor which may be r/t pneumonia, nausea & pain from vertebra fractures. history of acid reflux. Weight loss since admission due to feeling sick to my stomach upon eating, inability to eat a full meal . Newly diagnosed with stage IV cancer. with Interventions: Provide meals/fluids based on resident food preferences and as ordered-five small meals daily-encourage food intake & fluid intake prn (as needed) -consistently eats cottage cheese 100%--sending with lunch and dinner; Let the resident know where food is located on the tray; Observe percentage of meal intake for changes in eating habits; Provide assistance with meals as needed. And Focus: Resident is at risk for malnutrition as evidenced by Mini Nutritional Assessment (MNA) score 8 (8-11 points: At risk of malnutrition) with Interventions: Provide diet as ordered. Focus: (R5) has an impaired gastrointestinal status related to gastroesophageal reflux disease. with Interventions: Diet as ordered.According to a record review of R5's recorded weights revealed: June 5 weight 99.4; May 5 weight 99.6; April 5 weight 101.6; March 23 weight 99.1; February 24 weight 100.0; January 29th weight 107.4 at admission.A record review of R5's nutrition- amount % eaten in the electronic medical record (EMR)14-day look back, dated 06/03/2026 to 06/16/2026, revealed: 3 meal percentages recorded for each of the following days: 3rd,6th,7th,8th,9th,10th,11th,12th,14th and 15th.2 meal percentages recorded for each of the following days: 5th and 13th.1 meal percentages recorded for each of the following days: 4th and 16th.For a total of 35 documented meals served of 74 ordered. At no time during the look back time were 5 meals a day documented as ordered and care planned.On 06/16/2026 at 10:00AM, during an interview, Dietary Aide F was asked about the process for meal tickets. Dietary aide F explained that on second shift, the staff go take residents' orders (he was not sure if it was weekly of nightly) and those are put into the pink binder, the kitchen staff gets the pink binder, reviewed the ticket and whatever was on the ticket was what got served to the resident. If nothing is circled on the daily side alternate menu, the resident would get the daily special. Dietary Aide F explained the standing orders were the minimum of what was placed on the resident's tray and said they have to follow the dislike and allergy instructions. Dietary Aide F was asked what a level 3 advanced diet meant and he said, ?it was thin, or small diced and not big chunks of food' and that residents on that diet would likely have a choking concern. When asked who decided what was placed on the resident's information side of the meal tickets, he said Dietetic Technician (DT) C. On 06/16/2026 at 10:23AM, during an interview with DT C she was asked if R5 who was on level 3 advanced diet and could have dry toast. She said if it was severed with something to soften it like, jelly or syrup. DT C agreed that it needed to cut into bite sized pieces. DT C was asked when the 5 small meals were served and monitored. She said the 3 main meals are the regular times of meal (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235600	A. Building B. Wing	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Montrose Inc	9317 West Vienna Road 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)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	service and that the additional meals were a scheduled snack and were served in-between breakfast and lunch and between lunch and dinner. On 06/16 at 10:40AM, during an interview, the DON she was asked to review the Level 3 diet guidelines she provided, and she agreed that according to the guidelines that R5's toast should have been jellied and cut up prior to service to the resident. After the DON was advised on the finding of milk and juice on the resident's tray despite the dislikes present on the ticket, and in that addition on more than one occasion the resident has said she cannot tolerate tomato or tomato-based products and will not eat them, the DON said she would update the dislikes for the resident and make sure her diet is correct. On 06/16 at 11:35AM, during an interview the DON was asked if R5 should have received her 2nd meal today since it was close to lunch and she said she was not sure if she had or not. During an observation of R5 with the DON, R5 was asked if she had her meal between breakfast and lunch today and she said, she didn't think so. Observation revealed that there is no meal or snack tray in R5's room.On 06/16/2026 at 12 noon, R5 was observed resting in bed with eyes open, on her over-bed tray was a crustless peanut butter and jelly sandwich cut once in half on a plate cover in cling wrap with the resident's name and room number on it. R5 was asked why she did not eat the sandwich, and she stated it was because it was not opened. On 06/16/2026 at 12:09PM - 12:15 PM, observed lunch service for R5 by CNA H who had R5's food tray. When CNA H uncovered the plate and set up the tray, R5 said I can't eat that and R5 pointed to the goulash on the plate and said it has tomatoes and I have stomach issues and diverticulitis (although that is not a documented diagnosis currently). CNA H started to take the plate away as she stated, I can see if they have something else for you and R5 said no. She wanted to eat the potatoes and started eating. CNA G entered the room and CNA H told CNA G that R5 said she can't eat the red stuff to which CNA G replied That's ok she only eats her pudding and potatoes anyway. CNA G was queried regarding the resident's statement, that she cannot ?tolerate' the tomato base, which did not mean that she did not want to eat something else, CNA ?G looked at R5's meal ticket and said, I don't see that on there.On 06/16/2026 at 12:25PM, during a follow up interview with the DON about the peanut butter and jelly sandwich observation and interview and the lunch food tray that had goulash on it, the DON said she meant to fix the ticket to include no tomato and tomato products, but the order did not make it in time for the lunch tray. The DON was queried about the lunch observation, and she said that was not acceptable. The CNA should have offered the resident an alternative and reported the intolerance reported. On 06/16/2026 at 12:32PM, during an interview with the DT C and Dietary Director (DD) D, the DT C said that either the Regional Dietary Director (RDD) E, DD D or herself review the resident food preferences, dislikes and allergies with assessments. When she was asked how often residents had those assessments, DT C said on admission, with a significant change and quarterly. DT C said that if the staff make herself or DD D aware of an issue they would make adjustments. When DTC was advised R5 said ?that she didn't eat the peanut butter and jelly because it was not open' and that it had been placed on R5's over bed tray with the cling wrap still on it, DT C said did you ask if she wanted it then, maybe she wanted it later? DT C was advised the sandwich was cut in half and not cut into bite sized pieces, and it was not open.At 12:51 DT C asked to add RDD E to the interview via phone call. The interview continued with RRD E. The RRD E was asked about R5's ordered and care-planned 5 small meals a day and how those where documented. RRD E said the snacks are not documented and when queried that the order stated 5 small meals, and if the 3 (breakfast, lunch and dinner) meals intake was documented, then why the documentation was not there for the 2 additional in-between scheduled meals order for a resident who was at risk for malnutrition. RRD E she didn't look at snacks when she considered diet regulation. RRD E was asked if it should be tracked since it is an intervention to a health concern and is ordered as part of the resident's diet. She said yes. She could see why that was necessary. RDD E was asked if toast cut in half with no condiment on it to soften the toast could be served to a level 3 diet. She said no. It has to be served cut up and with something on it to soften it ahead of serving it to resident and agreed that the toast had to be cut up in 1-inch pieces, and the jelly could not just be added to the resident's tray to apply themselves. The (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235600	A. Building B. Wing	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Medilodge of Montrose Inc	9317 West Vienna Road 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)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	same would apply to the peanut butter and jelly needed to be cut as diet level 3 guidelines. When she was asked about the intolerance and dislikes being updated for R5, RRD E suggested that DD D meet with R5 and make sure it was updated so she would not continue to receive unwanted or non-tolerated foods.At 12:58 the RRD E left the interview, and it continued with the DT C and DD D when asked they agreed that when a resident was ordered a diet for medical purposes such as dysphasia, malnutrition, weight loss etc. their intake should be monitored as ordered. When asked about R5 and why she continued to received items she had voiced concerns over several times, DT C said the CNA from earlier had been re-educated already and the DD D said she planned to meet with R5 and update her preferences, dislikes and intolerances as the RDD E suggested. A record review of the facilities policy labeled Therapeutic diet orders revealed: Policy: The facility provides all residents with foods in the appropriate form and/or the appropriate nutritive content as prescribed by a physician, and/or assessed by the interdisciplinary team to support the resident's treatment/plan of care, in accordance with his/her goals and preferences; Definitions: Mechanically Altered Diet is one in which the texture or consistency of food is altered to facilitate oral intake. Examples include soft solids, pureed foods, ground meat, and thickened liquids; Therapeutic Diet is a diet ordered by a physician, or delegated registered or licensed dietitian, as part of treatment for a disease or clinical condition. ; 5. Dietary and nursing staff are responsible for providing therapeutic diets in the appropriate form and/or the appropriate nutritive content as prescribed.A record review of the facilities policy labeled Nutritional Management revealed: Policy: The facility provides care and services to each resident to ensure the resident maintains acceptable parameters of nutritional status in the context of his or her overall condition; Definitions: Acceptable parameters of nutritional status refers to factors that reflect that an individual's nutritional status is adequate, relative to his/her overall condition and prognosis, such as weight, food/fluid intake, and pertinent laboratory values; Compliance Guidelines: 1. d. Monitoring the effectiveness of interventions and revising them as necessary; 4. Care plan implementation: a. The resident's goals and preferences regarding nutrition will be reflected in the resident's plan of care; Monitoring/revision: a. Monitoring of the resident's condition and care plan interventions will occur on an ongoing basis. Examples of monitoring include: a. ii. Directly observing the resident. iii. Interviewing the direct care staff to gain information about the resident, the interventions currently in place, what their responsibilities are for reporting on these interventions, and possible suggestions for changes if necessary.