

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235647	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/13/2024
NAME OF PROVIDER OR SUPPLIER Medilodge of Okemos		STREET ADDRESS, CITY, STATE, ZIP CODE 5211 Marsh Rd Okemos, MI 48864	

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** 34705</p> <p>This citation two DPS statements 1 of 2:</p> <p>DPS 1) Based on observation, interview, and record review, the facility failed to provide services that met the acceptable standards of clinical practice for peripherally inserted central catheter (PICC) line dressings in 2 of 2 sampled resident (R348 and R350) reviewed for PICC lines, from a total sample of 19 resident, resulting in the increased likelihood for infection.</p> <p>Findings include:</p> <p>Resident #348 (R348)</p> <p>Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE], reflected R348 was a [AGE] year old male admitted to the facility on [DATE], with recent diagnosis that included osteomyelitis (infection of the bone) left ankle, diabetes mellitus, atrial fibrillation(irregular heart rhythm), hypertension (high blood pressure), spinal stenosis, chronic pain, anxiety disorder, bipolar disorder and depression. The MDS reflected R348 a BIM (assessment tool) score of 15 which indicated his ability to make daily decisions was intact. The MDS reflected R348 had no behaviors including rejection of care.</p> <p>During an observation and interview on 9/10/24 at 10:11 AM, R348 was laying in bed with an external fixator on left ankle and lower leg area., reported he ran out of pain medicine yesterday. R348 appeared calm and able to answer questions without difficulty. R348 reported had long history of issues with left lower leg infection and was currently on Intravenous (IV) antibiotics four times daily. R348 had a single lumen PICC located in the left upper arm with dressing dated 8/31/24. R348 reported was diabetic and blood sugars had not been controlled since admission to the facility.</p> <p>During an observation on 9/10/24 at 1:50 PM, R348 was laying in bed with family present in room. Observed R348 PICC dressing that continued to be dated 8/31/24.</p> <p>Review of the Physician Orders, dated 8/29/24, reflected R348 had an order that included, Transparent dressing change every 7 days and as needed. Document in progress notes any concerns such as changes to site, s/s infection, or complications. every day shift every 7 day(s) Supplementary documentation includes: Arm circumference in cm. (ACC) Catheter Length in cm. (CL) .</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235647	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/13/2024
NAME OF PROVIDER OR SUPPLIER Medilodge of Okemos		STREET ADDRESS, CITY, STATE, ZIP CODE 5211 Marsh Rd Okemos, MI 48864	
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>Review of the Treatment Administration Record(TAR), dated 8/28/24 through 9/10/24, reflected R348 had an order that included, Transparent dressing change every 7 days and as needed. Document in progress notes any concerns such as changes to site, s/s infection, or complications. every day shift every 7 day(s) Supplementary documentation includes: Arm circumference in cm. (ACC) Catheter Length in cm. (CL) . Continued review of the TAR reflected R348 had documentation that reflected R348 did not received scheduled PICC dressing change on 9/5/24 as reflected by, 5, which indicated to see progress notes, with no additional documentation of dressing changes completed, including on 8/31/24.</p> <p>Review of R348 PICC care plan, dated 8/29/24, reflected interventions that included, IV catheter care, maintenance, and dressing changes per orders .</p> <p>During an observation and interview on 9/12/24 at 10:10 AM, R348 was observed in bed with PICC dressing to left upper arm dated 9/11/24 with PICC insertion site covered by gauze border of transparent dressing(within 1 centimeter of edge of dressing).</p> <p>During an observation and interview on 9/12/24 at 10:26 AM, Registered Nurse Unit Manager (RNUM) R reported if residents have PICC line on admission nurse would assess and verify when PICC dressing change was due to be changed and would expect dressing to be changed every seven days or as needed and PICC site to be assessed with each IV medication administration including for signs and symptoms of infection at insertion site. RNUM R reported R348 was admitted [DATE] and staff attempted to change PICC dressing on 9/5/24 with Progress Note that reflected was recently changed and schedule was not adjusted and should have been to ensure dressing was changed every 7 days.</p> <p>RNUM R reported R348 PICC dressing should have been changed every 7 days and reported that nurse on 9/10/24 changed R348's PICC dressing that was dated 8/31/24.(10 days since last dressing change). RNUM R entered R348 room and observed R348's dressing on left upper arm and verified was dated 9/11/24 and insertion site was not visible through dressing.</p> <p>Resident #350 (R350)</p> <p>Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE], reflected R350 was a [AGE] year old female admitted to the facility on [DATE], with recent diagnosis that included osteomyelitis(infection of the bone) right ankle, thrombocytopenia, anemia, and muscle weakness. The MDS reflected R350 a BIM (assessment tool) score of 15 which indicated her ability to make daily decisions was intact. The MDS reflected R350 had no behaviors including rejection of care.</p> <p>During an observation and interview on 9/10/24 at 1:14 PM, R350 was observed in room laying in bed and appeared well groomed and able to answer questions without difficulty. R350 reported was recently admitted to the facility for right foot infection with need for IV antibiotics every four hours. R350 had a single lumen PICC with dressing dated 8/31/24 with serosanguinous drainage noted at insertion site through transparent dressing.</p> <p>Review of the Physician orders, dated 8/24/24, for R348, reflected, Transparent dressing change every 7 days and as needed .</p> <p>Review of R350 PICC care plan, dated 8/24/24, reflected interventions that included, IV catheter care, maintenance, and dressing changes per orders .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235647	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/13/2024
NAME OF PROVIDER OR SUPPLIER Medilodge of Okemos		STREET ADDRESS, CITY, STATE, ZIP CODE 5211 Marsh Rd Okemos, MI 48864	
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>During an interview and record review on 9/12/24 at 10:26 AM RNUM R reported R350's PICC dressing change should be changed every seven days and verified was changed 9/10/24 and had been dated 8/31/24. RNUM R reported R350's TAR reflected PICC dressing was not changed as reflected by a hole (blank) on the TAR (no documentation) on 9/7/24. RNUM R reported R350 had a physician order to change PICC dressing change every 7 days.</p> <p>During an interview on 9/12/24 at 2:15 PM, Director of Nursing (DON) B reported would expect staff to follow PICC policy including PICC dressings should be changed every 7 days and assess daily for signs and symptoms of infection including insertion site for redness that must be visible.</p> <p>According to Clinical Nursing Skills & Techniques, 6th edition, ([NAME], A., [NAME], P. 2006. page 937), A transparent dressing should be changed with annual site rotation and immediately if integrity of the dressing is compromised. Gauze dressings should be changed routinely every 48 hours and immediately if integrity is compromised. Gauze used underneath a transparent dressing is considered a gauze dressing and should be changed every 48 hours.</p> <p>According to the publication American Nurse Today, dated May 2014, volume 9, number 5, under PICC line dressing changes: Change a transparent dressing every 7 days, if the dressing is no longer intact, oozing or has become bloody or contaminated, change it as soon as possible.</p> <p>Review of the facility, Care and Maintenance of Central Venous Catheter, dated 12/13/23, reflected, Policy: The facility will adhere to accepted standards of practice regarding the care and maintenance of central venous catheters .5. Assess the central line daily: a. Assess the site for signs of infection: redness, tenderness, pain or swelling at the insertion site .Change dressings routinely using aseptic technique, based on the type of dressing .</p> <p>46954</p> <p>DPS 2) Based on observation, interview and record review the facility failed to ensure an as needed narcotic order was in place for one (Resident #348) of 19 reviewed for quality of care resulting in the potential to not receive the opioid reversing medication in a timely manner.</p> <p>Resident #348 (R348)</p> <p>Review of an Admission Record revealed Resident #348 (R348) admitted to the facility on [DATE] with diagnoses which included chronic pain syndrome and spinal stenosis. The Admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 9/3/24, reflected R348 scored 15 of out 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool).</p> <p>On 9/10/24 at 10:11 AM, R348 was observed in bed. R348 explained that he had frequent pain and was prescribed medications for pain control.</p> <p>Review of R348's Physician Orders revealed active orders for Morphine Sulfate ER (extended release) oral tablet 15 MG (milligrams), Hydrocodone-Acetaminophen Oral Tablet 10-325 MG (Hydrocodone-Acetaminophen), and Dilaudid Oral Tablet 4 MG (Hydromorphone HCl) which are all medications containing opioids.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235647	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/13/2024
NAME OF PROVIDER OR SUPPLIER Medilodge of Okemos		STREET ADDRESS, CITY, STATE, ZIP CODE 5211 Marsh Rd Okemos, MI 48864	
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>Further review of the Physician order revealed no PRN (as needed) order for Narcan (medication that can reverse opioid overdose).</p> <p>In a interview on 9/13/24 at 9:57 AM, a confidential nursing staff member reported that she was familiar with R348's care and verified that R348 received multiple opioid containing medications. The staff member confirmed that typically PRN Narcan would be ordered as a safe guard.</p> <p>In an interview on 09/13/24 at 11:08 AM, Director of Nursing (DON) B stated that any medication that is administered to a resident must have a Physician order.</p> <p>In an interview on 9/13/24 at 12:47 PM, Nursing Home Administrator (NHA) A confirmed the facility's policy and stated that Resident R348 should have an active Narcan order. However, NHA A was unable to locate a current Narcan order for R348.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235647	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/13/2024
NAME OF PROVIDER OR SUPPLIER Medilodge of Okemos		STREET ADDRESS, CITY, STATE, ZIP CODE 5211 Marsh Rd Okemos, MI 48864	
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45135</p> <p>Based on observation, interview and record review, the facility failed to provide restorative services or enabler bars for three residents (R18, R73 and R75) of three residents reviewed for restorative care, out of a total sample of 19 residents, resulting in the potential for residents to decline in their current highest functioning level losing their independence and leading to withdrawal, depression and complications of immobility.</p> <p>Findings Include:</p> <p>Resident #18 (R18)</p> <p>Medical record revealed Resident #18 (R18) was admitted to the facility on [DATE] and readmitted on [DATE] initially with diagnoses that included Acute and Chronic Respiratory Failure with Hypoxia, Congestive Heart Failure, Diabetes, Chronic Kidney Disease, Pressure Ulcer of Sacral Region, stage 3, Obesity, Gastrointestinal Hemorrhage, Other Intervertebral Disc Degeneration Lumbar Region and a Spinal Cord injury.</p> <p>According to R18's Minimum Data Set (MDS) dated [DATE], revealed R18 scored 14 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS- a cognitive screening tool) and had no behaviors. MDS section GG0120 Mobility Devices used by R18 include a manual or electric wheelchair, 2 person transfer using a mechanical lift.</p> <p>Record review of the care plan for R18 had a focus of; resident would benefit from a restorative range of motion program related to decreased strength in upper extremities. Interventions included, observe for verbal and nonverbal signs and symptoms of pain during splint application and removal. Provide range of motion program (ROM). Active ROM and strengthening. Bilateral shoulder/elbow. 2-3 lb hand weights as tolerated. 2 x 10 reps 5x a week on Mon-Fri.</p> <p>Record review also revealed the task sheet for the last 30 days, did not reflect that R18 receive restorative care. Reason for not receiving was marked with response not required, resident not available or resident out of the facility.</p> <p>During an interview on 09/12/24 at 10:35 AM, Physical Therapy Director (PTD) O stated the restorative program can include exercise, bikes, activities to maintain function. PTD O also stated that once the residents are discharged from therapy services, they make recommendations for each resident and then it is handed over to the nursing department. PTD O also stated that if the resident is unable to follow the program, Assistant Director of Nursing (ADON) P will let them know, otherwise therapy does not follow up.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235647	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/13/2024
NAME OF PROVIDER OR SUPPLIER Medilodge of Okemos		STREET ADDRESS, CITY, STATE, ZIP CODE 5211 Marsh Rd Okemos, MI 48864	
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 09/12/24 at 10:40 AM, ADON P stated physical therapy department would give her a form completed with the recommendations, she would put it on task sheet to be completed. ADON P stated she had 2 Certified Nursing Assistants (CNA) that do this program. This writer asked ADON P if the restorative program was being done on this resident. ADON P stated she needed to look through the task sheet and check on it. ADON P stated R18 just started on a program, and depending on if he is in the mood he may or may not participation. ADON P stated she meets with the 2 CNA'S monthly to discuss who is participating and who is not. Writer asked for the documentation showing R18 did or did not receive restorative treatment.</p> <p>During an interview on 09/12/24 at 10:58 AM, ADON P stated that R18 was not available in the facility for restorative treatment, added that he gets up in his wheelchair late morning and he is busy with activities, or sitting out in the sun. Writer asked if they went back to try at a different time, ADON P stated she did not know. ADON P also stated that the CNA's did not have any documentation to validate the reason the program was not followed, if it was refused or if they reapproached R18 at a different time during the day. ADON P stated she did not know if CNAs could document that in the program or not.</p> <p>Record review revealed the facility did not follow the recommendations from the physical therapy department to maintain R18's highest functional level.</p> <p>Resident #75 (R75)</p> <p>Medical record revealed Resident #75 (R75) was admitted to the facility on [DATE] initially with diagnoses that included Atrial Fibrillation, Chronic Kidney Disease, Chronic Pain Syndrome, Wernicke's Encephalopathy, History of Pulmonary Embolism, History of [NAME] Blood Embolism, Acute Gastric Ulcer with Hemorrhage, Osteoarthritis, Muscle Weakness, Difficulty Walking, and repeated falls.</p> <p>According to R2's Minimum Data Set (MDS) dated [DATE], revealed R75 scored 14 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS- a cognitive screening tool) and had no behaviors. MDS section GG0120 Mobility Devices used by R75 was a walker, manual or electric.</p> <p>Record review revealed a task of Skilled Restorative Nursing: Range of Motion (active): Bilateral Upper Extremities (UE). Care flexion/reach forward, L + R rotation x 15 reps/2 sets as tolerated. 3x/week on M-W-F was on the task sheets.</p> <p>Record review also revealed R75 did not receive Restorative treatment on 09/02/24, 09/04/24, 09/06/24, and 09/09/24.</p> <p>During an interview on 09/12/24 at 10:35 AM, Physical Therapy Director (PTD) O stated the restorative program can include exercise, bikes, activities to maintain function. PTD O also stated that once the residents are discharged from therapy services, they make recommendations for each resident and then it is handed over the nursing department. PTD O also stated that if the resident is unable to follow the program, Assistant Director of Nursing (ADON) P will let them know, otherwise therapy does not follow up.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235647	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/13/2024
NAME OF PROVIDER OR SUPPLIER Medilodge of Okemos		STREET ADDRESS, CITY, STATE, ZIP CODE 5211 Marsh Rd Okemos, MI 48864	
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 09/12/24 at 10:40 AM, ADON P stated physical therapy department would give her a form completed with the recommendations, she would put it on task sheet to be completed. ADON P stated she had 2 Certified Nursing Assistants (CNA) that do this program. This writer asked ADON P if the restorative program was being done on this resident. ADON P stated she needed to look through the task sheet and check on it. ADON P stated R18 just started on a program, and depending on if he is in the mood he may or may not participation. ADON P stated she meets with the 2 CNA'S monthly to discuss who is participating and who is not. Writer asked for the documentation from August 1, 2024, through August 12, 2024, showing R75 did or did not receive restorative treatment.</p> <p>During an interview on 09/13/24 at 11:35 AM, ADON P stated she would have to go look to see why the treatments were not provided.</p> <p>ADON P did not provide this information prior to exit.</p> <p>Record review revealed the facility did not follow the recommendations from the physical therapy department to maintain R75's highest functional level.</p> <p>27446</p> <p>Resident #73 (R73)</p> <p>Per R73's diagnoses list R73 had a left femur fracture and muscle weakness diagnoses dated 7/23/2024.</p> <p>Record review of a Nursing to Therapy Communication note dated 9/3/2024, revealed that a therapy referral was required for the following reasons: Would like to have recommendation for enabler bars to bed to assist with bed mobility and transfers in and out of bed. The symptoms listed were increased difficulty in positioning in bed, increased difficulty getting in and out of bed, increased desired to get out of bed more, increased motivation to maneuver self in bed and/or room.</p> <p>No therapy assessment was noted in R73's electronic medical record (EMR).</p> <p>Observation on 9/12/2024 at 10:10 AM, revealed no enabler bars on R73's bed.</p> <p>In an interview on 9/12/2024 at 11:24 AM, Physical Therapy Assistant (PTA) O who was the Therapy Director said she thought she had received R73's nursing referral. PTA O said it was possible it was missed, but thought she had turned it in. After searching for the referral, PTAO stated she must have missed it because she could not find it. PTA O stated that nursing would give her the Nursing to Therapy Communication note in the morning meeting, and then stated that she did have the communication document for R73, and stated that R73 was already being seen by therapy but she had forgotten to screen R73 for bedrails as requested by nursing.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235647	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/13/2024
NAME OF PROVIDER OR SUPPLIER Medilodge of Okemos		STREET ADDRESS, CITY, STATE, ZIP CODE 5211 Marsh Rd Okemos, MI 48864	
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 9/12/2024 at 11:35 AM, Director of Nursing (DON) B stated she was the one who put in the therapy communication to see if R73 would benefit from the enabler bars. DON B said she wanted to see if the enabler bars would benefit R73 on getting her back to her status of one person limited assistance, and said now R73 was a two person extensive assistance for bed mobility and transfers. DON B said every morning in the morning meeting PTA O would get a copy of the Nursing to Therapy Communication note, if applicable, would then assess the resident, give their recommendations to nursing, who would then place the enabler bars on the resident's bed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235647	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/13/2024
NAME OF PROVIDER OR SUPPLIER Medilodge of Okemos		STREET ADDRESS, CITY, STATE, ZIP CODE 5211 Marsh Rd Okemos, MI 48864	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46954</p> <p>Based on observation, interview, and record review, the facility failed to ensure the medication error rate was less than 5% when two medication errors were observed from a total of 31 opportunities for two residents (Resident #43, #60), resulting in a medication error rate of 6.67%.</p> <p>Findings include:</p> <p>Resident #43 (R43)</p> <p>Review of the medical record revealed R43 was admitted to the facility on [DATE] with a diagnosis of chronic respiratory failure. A Physician order dated 10/1/23 included an order for Ayr Saline Nasal Drops Nasal Solution 0.65% (percent) to be administered once a day. Ayr Saline Nasal Drops are used to alleviate the symptoms of dry nostrils.</p> <p>On 9/11/23 at 08:15 AM, Registered Nurse (RN) K reported that she was preparing to administer medications to R43. RN K obtained a cotton tipped swab and Ayr nasal gel from the medication cart. RN K applied AYR nasal gel to the end of the cotton tip swab and assisted R43 with coating both nostrils with the AYR gel.</p> <p>Further review of R43's Physician orders revealed no order for AYR nasal gel.</p> <p>In an interview on 09/13/24 at 11:08 AM, Director of Nursing (DON) B stated that any medication that is administered to a resident must have a Physician order. DON B verified that there was no order for AYR nasal gel for R43.</p> <p>Resident #60 (R60)</p> <p>Review of the medical record revealed R60 was admitted to the facility on [DATE] with diagnoses that included type 2 diabetes mellitus without complications.</p> <p>Review of the Physician's Order dated 8/30/24 revealed an order for Lantus SoloStar Subcutaneous (innermost layer of the skin) Solution Pen-injector 100 unit/ML (milliliter).</p> <p>On 9/11/24 at 8:04 AM, Registered Nurse (RN) K removed the Lantus SoloStar Subcutaneous Solution Pen-injector 100 UNIT/ML (Insulin Glargine) from the medication cart and applied the disposable cap containing the needle to the end of the Insulin Glargine pen-injector. RN K twisted the end of the pen to 60 units and verbally verified that the order for R60 was 60 units. RN K then proceeded to enter the room of R60, donned gloves, and approached R60 to explain that she was giving her Insulin Glargine. R60 lifted her left arm and RN K administered the Insulin Glargine to the subcutaneous tissue on R60's left arm. RN K was not observed priming the insulin pen (process of ensuring the pen is clear and functioning to ensure all ordered units are properly administered) prior to administration or utilizing an alcohol wipe to clean and disinfect the skin at the site of administration on R60's left arm prior to injecting the Insulin Glargine.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235647	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/13/2024
NAME OF PROVIDER OR SUPPLIER Medilodge of Okemos		STREET ADDRESS, CITY, STATE, ZIP CODE 5211 Marsh Rd Okemos, MI 48864	

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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 09/13/24 at 11:08 AM, Director of Nursing (DON) B reported that the procedure for insulin administration would be to prime the pen and use an alcohol wipe to cleanse the site of injection prior to insulin injection.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235647	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/13/2024
NAME OF PROVIDER OR SUPPLIER Medilodge of Okemos		STREET ADDRESS, CITY, STATE, ZIP CODE 5211 Marsh Rd Okemos, MI 48864	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>46954</p> <p>Based on observation, interview, and record review, the facility failed to ensure proper storage and labeling of medications in two resident rooms (Resident #38, #86) resulting in the potential for unsafe access to medications.</p> <p>Findings include:</p> <p>Resident #38 (R38)</p> <p>On 09/10/24 at 11:16 AM, a bottle of Flonase Nasal Spray was observed on R38's bedside table. The bottle was dated and contained the initials of R38. R38 reported that the Flonase spray was not normally stored in her room and that she does not have permission to store and/or administer medications to herself.</p> <p>Review of R38's Physician orders revealed that R38 had an active order for Fluticasone Propionate Suspension, 1 spray in each nostril in the morning for Rhinitis.</p> <p>Resident #86 (R86)</p> <p>On 09/10/24 at 1:33 PM, two boxes of Voltaren Gel were observed in R86's room. R86 reported that he does not administer the pain-relieving gel to himself and that the boxes were left in the room on a regular basis.</p> <p>Review of R86's Physician orders revealed that R86 had an active order for Voltaren External Gel 1 % (percent) (Diclofenac Sodium (Topical).</p> <p>In an interview on 09/13/24 at 11:08 AM, Director of Nursing (DON) B verified that R38 and R86 did not have an approved medication self administration assessment and that the medications observed in the resident's room should not have been there.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235647	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/13/2024
NAME OF PROVIDER OR SUPPLIER Medilodge of Okemos		STREET ADDRESS, CITY, STATE, ZIP CODE 5211 Marsh Rd Okemos, MI 48864	

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 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain dental services for each resident.</p> <p>27446</p> <p>Based on observation, interview, and record review the facility failed to ensure one out of one residents (Resident #42) received timely dental care to obtain a new set of dentures, resulting in embarrassment and a difficult time eating.</p> <p>Findings Included:</p> <p>In an interview on 9/10/2024 at 2:20 PM, Resident #42 (R42) stated that she had seen the dentist about two months ago, and the dentist told her she needed to get new dentures. R42 said she had not seen the dentist since then and had not had any denture fitting done. R42 was observed to have no visible teeth. R42 stated she wanted dentures as soon as possible because she felt embarrassed having no teeth.</p> <p>Record review of R42's dental notes dated 5/30/2024, revealed the age of R42's dentures was six plus years, the condition of her teeth were poor, had moderate soft plaque/food debris buildup, moderate hard calculus deposits, moderate gingivitis inflammation/swollen bleeding gums. Review of the, Treatment notes: . Patient (R42) has upper complete denture that is very loose and worn. She is having trouble chewing, having also lost her lower partial denture. New dentures will benefit her nutrition and general health .Action Required by Nursing Home Staff, Continue Daily Oral Care; Please have Responsible Party sign Consent for Denture Form.</p> <p>Record review of R42's electronic medical record (EMR) revealed no consent for dentures was signed and in R42's EMR.</p> <p>In an interview on 9/12/2024 at 1:18 PM, Social Worker SW G stated she did receive the dental recommendation for R42's dentures, but said she never got the consent signed by R42's responsible party. SW G said she was the one who would have residents sign consents to be seen by the dentist, but stated she did not have the consent for R42 because it was missed.</p>