

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235650	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER Medilodge of Milford		STREET ADDRESS, CITY, STATE, ZIP CODE 555 Highland Ave Milford, MI 48381	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>49083</p> <p>This citation pertains to Intakes: MI00146265 and MI00148408.</p> <p>Based on observation, interview, and record review, the facility failed to ensure fall precautions were implemented for one resident (R904) with a history of falls out of three residents reviewed for falls resulting in the potential for recurrence of falls and injury.</p> <p>Findings include:</p> <p>On 12/4/24, a clinical record review revealed R904 was admitted to the facility for nursing care and rehabilitation on 11/15/24. R904 required surgical intervention for a fall sustained at home resulting in a right hip fracture. R904's medical history included chronic kidney disease, urinary retention, heart disease, and heart attack. A BIMS (Brief Interview for Mental Status) score was unobtainable when assessed due to acute delirium with hallucinations.</p> <p>Clinical record review revealed R904 sustained a fall at the facility on 11/17/24 and 11/26/24.</p> <p>Care plan initiated on 11/16/24 and revised on 11/27/24 documented Resident Focus: .at risk for falls/injury related to debility, right hip <sic> FX (fracture), encephalopathy and possible delirium with hallucinations.</p> <p>R904 was documented with the following interventions:</p> <p>Fall mats on each side of the bed. Initiated 11/27/24</p> <p>Ensure resident's room is free from accident hazards (e.g., ensuring there are no trip hazards). Initiated 11/27/24</p> <p>Food/fluids within reach. Initiated 11/27/24</p> <p>Place call light within reach. Initiated 11/27/24</p> <p>On 12/4/24 at 10:40 AM, R904 was observed in a wheelchair in the middle of the room facing towards the window.</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: 235650	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2024
NAME OF PROVIDER OR SUPPLIER Medilodge of Milford		STREET ADDRESS, CITY, STATE, ZIP CODE 555 Highland Ave Milford, MI 48381	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>No floor mats were observed next to the bed, within the room, closet, or bathroom.</p> <p>One square of carpeting was observed under the right wheel of the head of bed, unattached, lying across, exposing the subfloor. Two squares of carpet in the middle of the room, in front of where R904 was sitting, was observed with minimal lifting and not flush with majority of square surface area.</p> <p>Three Styrofoam cups, one dated 12/4 with a lid and straw, and a plastic bottled water was observed on a dresser table next to the wall, under a mounted television. The tray table was placed in front of the dresser table preventing reach to fluids.</p> <p>The call light was observed at the head of the bed, clipped to the bed linens, out of reach.</p> <p>On 12/4/24 at 11:30AM, R904's care plan was reviewed with R904's assigned Licensed Practical Nurse A (LPN A). LPN A performed an observation of the above findings and acknowledged fall precaution interventions were not in place.</p> <p>On 12/4/24 at 11:55, the Director of Nursing (DON) observed the findings and acknowledged fall precaution interventions were not in place.</p> <p>Review of the facility policy titled: Fall Prevention Program, dated 10/2023 documented:</p> <p>.Residents will receive care and services in accordance with the level of risk to minimize the likelihood of falls .risk factors and environmental hazards will be evaluated .</p>		