

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 474020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 2/26/2025
NAME OF PROVIDER OR SUPPLIER MEDILODGE OF HOWELL			STREET ADDRESS, CITY, STATE, ZIP CODE 1333 W GRAND RIVER HOWELL, MI 48843	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000 SS=	INITIAL COMMENTS Medilodge of Howell was surveyed for an Abbreviated survey on 2/26/25. Intakes: MI00147084, MI00147087, MI00147445, MI00147787, MI00147832, MI00149526, MI00150423 . Census=149	F0000		
F0693 SS= D	Tube Feeding Mgmt/Restore Eating Skills §483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and §483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced by: This citation pertains to intake MI00149526 Based on interview and record review, the	F0693	Element 1: Resident 906 no longer resides in the facility. Element 2: All current residents <input type="checkbox"/> who are on tube feed have been audited to ensure tube feed is being administered appropriately as ordered. This was completed by the Director of Nursing / designee by 2/27/2025. Root Cause: Facility failed to ensure that tube feed orders were followed. Element 3: The Tube Feed policy was reviewed by the QAPI committee and deemed appropriate on 2/27/2025. The Director of Nursing / designee has re-educated all current licensed nurses on the Tube Feed policy by 3/6/2025. Any current licensed nurse not re-educated by 3/6/2025 will be re-educated prior to their next scheduled shift. Residents who admit to the facility with tube feed will be reviewed and assessed by the nurse at admission to ensure tube feed, pump, and other supplies are readily available. If not available at admission, DON	3/6/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

03/11/2025

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.

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	<p>facility failed to ensure administration of an enteral tube feeding (a liquid form of nourishment that is delivered via a surgically inserted tube into the body) in accordance with a Physician order for one (R906) of five reviewed for hydration, resulting in the increased potential for dehydration and clinical compromise.</p> <p>Findings include:</p> <p>On 2/25/25, A clinical record review revealed R906 was admitted to the facility on 1/2/25. R906 was a pedal cycle driver injured in a collision with an automobile resulting in multiple bone fractures, diffuse brain injury with loss of consciousness, and required a craniotomy (a surgical procedure in which a part of the skull is temporarily removed to expose the brain and perform an intracranial procedure). R906 was at risk for altered nutrition related to the accident and required eternal feeding for nutrition and hydration. A Brief Interview for Mental Status (BIMS) was unable to be assessed based on R906's impaired neurological status and altered mental condition.</p> <p>R906 was admitted to the facility on 1/2/25 at 7:00 pm and orders to administer Jevity 1.5 (a liquid nutritional supplement) at a continuous rate of 60 milliliters (ml) an hour with 25 ml of water was to be administered.</p> <p>Nursing progress notes documented:</p>		<p>and Medical Provider are to be notified for timely interventions to address resident's nutrition needs.</p> <p>Residents who admit to the facility with tube feed will be reviewed by the IDT team in clinical morning meeting daily, Monday through Friday, to ensure tube feed is administered timely and as ordered.</p> <p>Element 4: The Director of Nursing / designee will audit all admissions daily, Monday through Friday, to ensure that tube feed is being administered appropriately, orders are in place, care plan is updated, and tube feed administration is documented appropriately in the resident's record. Audits will be daily x4 weeks then monthly thereafter until substantial compliance is achieved.</p> <p>The Director of Nursing / designee will audit all current residents receiving tube feed to ensure that tube feed is being administered appropriately, orders are in place, care plan is updated, and tube feed administration is documented appropriately in the resident's records weekly. Audits will be weekly x4 weeks then monthly thereafter until substantial compliance is achieved.</p> <p>The results of the audits will be reviewed by the QAPI committee for 3 months or until substantial compliance is met.</p> <p>The facility administrator is responsible for compliance.</p>	

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	<p>1/2/25 7:00 PM " ...waiting on feed pump to be shipped ..."</p> <p>1/3/25 12:11 AM "Enteral Feed Order every shift Jevity 1.5 continuous rate 60 ml/hr. Water flush 25 ml every hour. waiting on pump ..."</p> <p>1/3/25 5:33 AM " ...waiting on pump ..."</p> <p>On 2/25/25, The Director of Nursing (DON) and Registered Dietician (RD) "B" reviewed the orders and nursing notes regarding the pump. Per the DON, it is expected that Nursing administers continuous tube feeding orders as close to the admission time as possible. The DON and RD "B" confirmed the supplies and formula (Jevity 1.5) are floor stock. However, around that time frame, the facility was replacing the Kangaroo Pumps (brand of portable pump that delivers hydration, nutrition) and there was a delay in obtaining the pump.</p> <p>The Medication Administration Record (MAR) was reviewed and the first documentation of Jevity 1.5 being administered was not until 1/5/25 at 6:00 AM. RD "B" commented they assessed R906 on 1/3/25 at 10:00 AM at which time the pump was delivered by their central supply staff and the tube feeding was started at that time. The DON commented that Nursing failed to accurately document the administration on the MAR and both further acknowledged R906 should not have had a 15 hour delay in receiving</p>			

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	<p>nutrition/hydration. The DON and RD "B" agreed waiting for the pump was not acceptable and Nursing could have provided bolus administration until the pump arrived.</p> <p>Review of the facilities policy title; "Feeding Tubes" dated 10/2024 documented:</p> <p>Feeding tubes will be maintained in accordance with current clinical standards of practice, with interventions to prevent complications ...Direction for staff regarding how to manage and monitor the rate of flow will be provided: use of gravity flow ...Periodic evaluation of the amount of feeding being administered for consistency with practitioner's orders ..."</p>				