

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>584040</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>4/2/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MEDILODGE OF MONROE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>481 VILLAGE GREEN LANE MONROE, MI 48162</b>
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F0000 SS=	INITIAL COMMENTS  Medilodge of Monroe was surveyed for an Abbreviated survey on 4/2/25.  Intake: MI00151320.  Census= 96  The statement of deficiency was reviewed through the Informal Dispute Resolution (IDR) process and the findings are as follows: Level G: F697 supported.	F0000		
F0697 SS= G	Pain Management §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by:  This citation pertains to MI00151320.  Based on interview and record review the facility failed to properly assess and ensure pain was effectively managed for one resident (R901) of four residents reviewed for a fall with injury resulting in ongoing pain.  Findings include:  The survey agency received an allegation that the facility failed to effectively manage and assess pain.  <b>On 4/1/25 at 9:05 AM, Family Member (FM) "A" was interviewed. FM "A" stated they were</b>	F0697	Element 1: Resident #901 no longer resides in the facility.  Element 2: Current residents residing in the facility with pain are considered like residents.  Current residents residing in the facility were assessed for pain on 4/3/25 by Director of Nursing/Designee  The Director of Nursing/Designee audited current residents with pain to ensure their pain was effectively managed on 4/3/25.  Element 3: The Pain Management Policy was reviewed by the QAPI committee and deemed appropriate on 4/3/25.  The Staff Development Coordinator/Designee educated licensed Nurses on the Pain Management Policy with emphasis on managing pain effectively when residents have a change in condition by 4/4/25 or prior to next scheduled shift.	4/4/2025

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

TITLE

(X6) DATE

Electronically Signed

04/21/2025

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>contacted on 3/10/25 by the unit manager. FM "A" said the unit manager asked them had anyone contacted her over the weekend. The FM "A" said no. FM "A" said they were told because R901 had to be given Lorazepam (anti-anxiety) medication, and they wanted to start R901 on Buspirone (anti-anxiety). FM "A" explained to the unit manager (UM) "B" that she did not want R901 placed on Buspirone. FM "A" said the next day she spoke with nurse supervisor (NS) "C" that told her despite her saying she did not want R901 on Buspirone he was given the medication. FM "A" said the unit manager (UM) "B" denied that her father was given the Buspirone.</p> <p>Record review noted that R901 was initially admitted on 3/9/24 with a pertinent diagnosis of Acute Osteomyelitis of the Right knee and foot, Cerebral Infarction (stroke), Muscle Weakness, Lack of Coordination, and Chronic Pain.</p> <p>Record review of R901 noted their Minimum Data Set (MDS) Annual Assessment on 3/14/25 for Brief Interview for Mental Status (BIMS) was moderately cognitively impaired with a score of 12 out of 15.</p> <p>Record review of R901's Incident and Accident (I&amp;A) report dated 3/4/25, documented on 3/4/25 at approximately 3:35 AM, that R901 had an unwitnessed fall. The I&amp;A report noted that R901 was found lying on the floor and R901 was on their left side. Initially, the I&amp;A report documented that R901 did not have any pain. Once assisted back to bed with the Hoyer lift R901 complained of pain. R901 complained of pain to the left ribs, left hip and left arm. R901 was given a dose of Tylenol 500 milligrams (mg) for a pain and an ice pack.</p> <p>The Medication Administration Record (MAR) for March 2025, noted R901 had a stated pain</p>		<p>The DON/Designee will monitor residents to ensure that pain is being managed effectively for a change in condition during the clinical morning meeting. Physicians will be notified for Residents on PRN pain medications experiencing unresolved acute pain for effective pain management.</p> <p>Element 4: Director of Nursing/Designee will audit residents with pain to ensure pain management regimen is effective.</p> <p>Audits will be conducted weekly for 4 weeks and monthly thereafter until substantial compliance is achieved.</p> <p>Results of these Audits will be brought to the QAPI committee for review monthly.</p> <p>This audit will only be discontinued with substantial compliance and with the approval of the facility QAPI Committee.</p> <p>Administrator is responsible to maintain compliance. 4/4/25</p>		

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	<p>score of six. The I&amp;A report noted that the Medical Director (MD) "D" was contacted at 3:45 AM and ordered x-rays of the chest, left arm and left hip for R901.</p> <p>Review of facility document "Pain Evaluation" dated 3/4/25, documented R901 pain score was a four. The location of the pain was to R901's left arm and left hip. The area impacted by the pain was R901's "day to day activities."</p> <p>According to Potter and Perry (2022) descriptive pain levels are as follows:</p> <p>0-1 no pain</p> <p>2-3 mild pain</p> <p>4-5 moderate pain</p> <p>6-7 severe pain</p> <p>8-10 unbearable pain</p> <p>Review of R901's care plan titled "Care Plan Report" initiated on 6/17/24 documented, "Focus (R901) has/ is at risk for pain ..." Review of the care plan revealed the pain interventions were most recently reviewed on 2/28/25. However, R901 fell on 3/4/25 and sustained an injury. The care plan was not updated/reviewed at the time of the fall with injury. There were no new interventions added.</p> <p>Record review of the facility document titled "Skin Assessment" dated 3/4/25/at 3:35 AM, documented that R901 did not have any "new abnormal skin areas."</p> <p>Review of document "Skin Assessment dated 3/13/25 at 9:06 AM documented R901 did not have any "new abnormal skin areas."</p>			

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	<p>Record review of document titled "Radiology Report" dated 3/4/25 noted that the X-rays were taken on 3/4/25 at 9:25 AM. The two view chest X-ray noted, "no acute fracture." The X-ray of the hip noted, "no fracture or dislocation." The X-ray of the humerus noted, "no fracture or dislocation." The x-rays taken on 3/4/25 noted no breaks in bones. The facility "Skin Assessments" documented no abnormal skin areas. However, R901 complained of pain in these areas from 3/4/25 through 3/16/25 (the day of discharge to the hospital.)</p> <p>Review of the MAR (March 2025) for R901 noted the following orders.</p> <p>Tramadol 50 mg 1 tab every 6 hrs. as needed was ordered on 3/4/25.</p> <p>Medication documented as administered on the following dates:</p> <p>On 3/4/25 at 10:30 AM-R901 pain score of 5. Documented as "effective."</p> <p>On 3/4/25 at 6:22 PM-R901 pain score of 4. Documented as "effective."</p> <p>On 3/5/25 at 4:09 AM- R901 pain score of 5. Documented as "effective."</p> <p>On 3/5/25 at 10:19 AM-R901 pain score of 6. Documented as "effective."</p> <p>On 3/5/25 at 6:41 PM-R901 pain score of 6. Documented as "effective."</p> <p>On 3/6/25 at 8:00 AM- R901 pain score of 2. Documented as "effective."</p>			

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	<p>On 3/6/25 at 3:30 PM- R901pain score of 7. Documented as "effective."</p> <p>On 3/6/25 at 9:30 PM- R901 pain score of 8. Documented as "effective."</p> <p>On 3/7/25 at 8:45 AM- R901 pain score of 5. Documented as "effective."</p> <p>Percocet 5mg-325mg 1 tab every 6 hours as needed was ordered on 3/7/25 at 10:30 AM</p> <p>The medication was administered on the following dates.</p> <p>On 3/7/25 at 11:21 PM- R901 pain score of 7. Documented as "effective."</p> <p>On 3/8/25 at 6:23 AM- R901 pain score of 8. Documented as "effective."</p> <p>On 3/9/25 at 6:24 AM- R901 pain score of 10. Documented as "effective. "</p> <p>On 3/9/25 at 2:59 PM-R901 pain score of 2. Documented as "effective."</p> <p>On 3/9/25 at 9:17 PM- R901pain score of 5. Documented as "effective."</p> <p>On 3/10/25 at 5:58 AM- R901pain score of 5. Documented as "effective."</p> <p>On 3/10/25 at 6:00 PM- R901pain score of 8. Documented as "effective."</p> <p>On 3/11/25 at 12:00 AM- R901pain score of 8. Documented as "effective."</p> <p>On 3/11/25 at 10:47 AM- R901pain score of 7. Documented as "effective."</p>			

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	<p>On 3/11/25 at 4:49 PM- R901 pain score of 8. Documented as "effective."</p> <p>On 3/11/25 at 10:50 PM- R901 pain score of 8. Documented as "effective."</p> <p>On 3/12/25 at 6:30 AM- R901 pain score of 7. Documented as "effective."</p> <p>On 3/12/25 at 3:18 PM- R901 pain score of 8. Documented as "effective."</p> <p>On 3/13/25 at 8:27 AM- R901 pain score of 4. Documented as "effective."</p> <p>On 3/13/25 at 9:33 PM- R901 pain score of 3. Documented as "effective."</p> <p>On 3/14/25 at 9:17 AM- R901 pain score of 6. Documented as "effective."</p> <p>On 3/14/25 at 10:32 PM- R901 pain score of 2. Documented as "effective."</p> <p>On 3/15/25 at 7:41 AM- R901 pain score of 6. Documented as "effective."</p> <p>On 3/15/25 at 1:05 PM- R901 pain score of 8. Documented as "effective."</p> <p>On 3/15/25 at 9:10 PM- R901 pain score of 8. Documented as "effective."</p> <p>On 3/16/25 at 8:46 AM- R901 pain score of 5. Documented as "effective."</p> <p>Review of the MAR documented a pain score as reported by R901 prior to the administration of pain medication. However, there was no documented evidence of R901's stated pain score after the medication was administered and there</p>				

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	<p>was no evidence the facility implemented scheduled medication to manage R901's pain. Instead, the facility documented "effective" and continued to administer medications as PRN (as necessary).</p> <p>Review of Electronic Medical Record (EMR) regarding R901, noted the following nursing notes:</p> <p>On 3/8/25 at 8:11AM, License Practical Nurse (LPN) "G" documented R901, "continues with groaning/calling out frequently. Repositioning, PRN medication, reassurance and redirection continues. Dr. notified with PRN lorazepam ordered q8hours PRN x1 day. 1st dose given at 0922 with positive results. Pt is resting in bed at this time."</p> <p>On 3/9/25 at 8:04 AM UM "B" documented Nurse Practitioner (NP) "G" "notified increased pain, no repeat xrays needed at this time."</p> <p>On 03/10/2025 at 1:39 AM LPN "H" documented that R901 "Resident yelling out, Resident was repositioned and given a Prn for pain."</p> <p>On 3/14 at 3:05 PM UM "B" documented "Spoke with daughter, related to pain meds and recent orders for antianxiety, stated that writer will have provider review meds on Monday, Related verbalized understanding."</p> <p>On 3/16/25 at 1:53PM, LPN "E" documented R901, "Yelling out randomly. Pain medications effective this shift. Poor appetite. Fluids encouraged and tolerated well."</p> <p>On 3/16/25 LPN "E" documented R901, "Daughter in to see R901t this afternoon. Daughter requesting resident be sent to Hospital regarding persistent pain to left side of body"</p>			

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	<p>following most recent fall. Pain managed with pain medications and effective per resident. MD "I" contacted, per MD "I" offer repeat X rays and send to hospital if refused. Daughter declined x rays to be ordered and requested resident be sent to Hospital for evaluation of pain source. Ambulance transferred via stretcher to Promedica of Monroe at about 1304. New clinical chart sent with resident handed off to EMS driver. Bed hold signed. SBAR completed."</p> <p>On 3/17/25 LPN "I" documented, "Called hospital for status on R901. R901 admitted to Toledo hospital. R901 admitted for L femoral neck fracture along with L ribs 3-9 fractured.</p> <p>On 4/1/25 at 12:55 PM, the Director of Nursing (DON) and the Nursing Home Administrator (NHA) were interviewed. The DON explained that after R901 fell and before being discharged to the hospital there were times when R901 was not in pain. The DON added that they did not think there were any broken bones because there was no bruising or swelling on R901. The DON was queried if the R901 experienced another fall after the fall on 3/4/25. The DON said R901 did not have another fall after 3/4/25. The NHA did not offer any comment regarding R901's pain or concerns regarding hospital findings of R901 having a hip and fractured ribs.</p> <p>Review of Policy titled "Pain Management" with revised date of 10/26/23 documented. "The facility will ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences."</p> <p>"To help a resident attain or maintain his/her highest practicable level of well-being and to prevent or manage pain, the facility should:</p>			

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	<p>Recognize when the resident is experiencing pain and identifies circumstances when the pain is anticipated."</p> <p>"Evaluate the resident for pain upon admission, during ongoing scheduled assessments, and with change in condition or status (e.g., after a fall, with change in behavior or mental status)."</p> <p>"Manages or prevents pain, consistent with the comprehensive assessment and plan of care, current professional standards of practice, and the resident's goals and preferences."</p>				