J39150         B. WING         J118/2024           NAME OF PROVIDER OR SUPPLIER         STREET ADDRESS, CITY, STATE, J2P CODE           J257 N DRAKE ROAD RALMAZOO, MI 49006         J257 N DRAKE ROAD RALMAZOO, MI 49006         J000000000000000000000000000000000000	STATEMENT OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A (X2) MUL A. BUILDI	2) MULTIPLE CONSTRUCTION (X3) DAT BUILDING COMPLE		ATE SURVEY LETED	
MEDILODGE OF WESTWOOD     275 N DRAKE ROAD RLLMAZOO, MI 49006       (X4) ID PREFX TAG     SUMMARY STATEMENT OF DEFICIENCIES PUL REQUATORY ON LISC IDENTIFYING PUL REQUATORY ON LISC IDENTIFYING PUL REQUATORY ON LISC IDENTIFYING     PB       F0000     INITIAL COMMENTS     PROVIDER'S FLAN OF CORRECTION (EACH PUL REQUATORY ON LISC IDENTIFYING PUL REQUATORY ON LISC IDENTIFYING PUL REGULATORY ON LISC IDENTIFYING PUL REGULATORY ON LISC IDENTIFYING     PB       F0000     INITIAL COMMENTS     F0000     COMPLETION DATE     COMPLETION DATE       F0684     Cauality of Care § 483.25 Quality of care Comprehensive assessment of a resident, the facility rusic facts. Based on the comprehensive assessment of a resident, the facility rusic facts. Based on the comprehensive assessment of a resident, the facility rusic facts. Based on the comprehensive assessment of a resident, the facility rusic facts. Based on the comprehensive assessment of a resident, the facility rusic facts. Based on the comprehensive assessment of a resident, the facility rusic facts. Based on the comprehensive assessment of a resident, the facility rusic facts on same that residents recover treatment and care in accordance with or shange in condition, post procedure in the passi 30 days was identified. Resident who negative findings weil identified. Resident who negative findings weil be reported to read- and the resident sich cices, the Comprehensive darge and rusice, the comprehensive darge and rusice, the comprehensing assess a rusident at fact a poreclust time (2220224, t			394160	B. WING			1/18/2	024
(X4) ID PREFIX TAG         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTFYING INFORMATION)         ID PREFIX TAG         PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOLD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)         COMPLETION CORRECTION SHOLD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)         COMPLETION CORRECTION SHOLD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)         COMPLETION DATE           F0000         INITIAL COMMENTS         F0000         F0000         INITIAL COMMENTS         Constant           SS=         Medilodge of Westwood was surveyed for an abbreviated survey from 1/17/24-1/18/24.         F0684         F0684         F0684         F0684         F0684         Element 1: Resident #100 no longer resides in the facility or care is a fundamental principle that applies to all treatment and care in accordance with professional standards of practice, the completion ops tops procedure in the pact 30 days was identified. Residents identified had a chart review for the completion ops top cocdure in the procedure in the residents choices. This REQUIRENENT is not met as evidenced by:         F0684         Element 3: On 1/18/2024, any resident who had gone out of the facility for a procedure in the pact 30 days was identified. Residents identified and will be assessment will be documented in the residents medical record. Any abnormal findings were identified. Residents with upcoming procedures have been identified and will be assessment will be documented in the resident medical procedure in the facility with the following perimet days of resulting in a day of reatiment for Resident #100, wo ultimuted passed away.         F0001         F0001 </td <td>NAME OF PROV</td> <td>VIDER OR SUPPLIE</td> <td>R</td> <td></td> <td></td> <td>STREET ADDRESS, CITY, S</td> <td>TATE, ZIP CO</td> <td>DE</td>	NAME OF PROV	VIDER OR SUPPLIE	R			STREET ADDRESS, CITY, S	TATE, ZIP CO	DE
PREFIX TAG       (EACH DEFICIENCY MUST BE PRECEDED BY FULL RECULATORY OR LSD IDENTFYING INFORMATION)       PREFIX TAG       CORRECTIVE ACTION SHOULD BE CROSS- REFERENCE DT OT HE APPROPRIATE DEFICIENCY)       COMPLETION SMATHER         F0000       NITTAL COMMENTS       F0000       Netlidige of Westwood was surveyed for an abbreviated survey from 1/17/24-1/18/24.       F0000       F0684       F0684       F0684       F0684       F0684       Intakes: MI100141735       1/23/2024         SS= G       Quality of Care § 483.25 Quality of care Quality of Care § 483.25 Quality of care follity residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the completion of an assessment post procedure. No negative findings will be reported to the completion of an assessment post procedure. No negative findings will be reported to the MD.       Residents with upcoming procedure. No negative findings will be reported to the MD.         This REQUIREMENT is not met as evidenced by: This citation pertains to intake #M100141735       F0684       Residents with upcoming procedure. No negative findings will be reported to the MD.         Based on interview, and record review, the facility failed to assess a resident flor Resident #00, who ultimately passed away.       F06112/222024, the Notification of Change policy was reviewed by the NHA and DON and deemed apropriate. On 1/22/2024, an Ad-Hoc QAPI was meeting was held to review the Notification of Change policy was reviewed by the NHA and DON and deemed apropriate. On 1/22/2024, An Ad-Hoc QAPI was meeting was held to reviewed for apalog policy and th	MEDILODGE	OF WESTWOOD						
<ul> <li>SS= Medilodge of Westwood was surveyed for an abbreviated survey from 1/17/24-1/18/24. Intakes: MI100141735</li> <li>Census: 86</li> <li>F0684 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUREMENT is not met as evidenced by:</li> <li>This citation pertains to intake #MI00141735</li> <li>Based on interview, and record review, the facility must ensure that after a outpatient indical procedure in 1 (Resident #1000, of 4 residents reviewed for quality of care, residient aftoral procedure in 1 (Resident #1000, who ultimately passed away.</li> <li>Findings include:</li> <li>Review of an "Admission Record" dated 10/18/23 revealed Resident #1000, who ultimately passed away.</li> <li>Findings include:</li> <li>Review of an "Admission Record" dated 10/18/23 revealed Resident #100 who ultimately passed away.</li> <li>Findings include:</li> <li>Review of an "Admission Record" dated 10/18/23 revealed Resident #100 who ultimately passed away.</li> <li>Findings include:</li> <li>Review of an "Admission Record" dated 10/18/23 revealed Resident #100 who ultimately passed away.</li> <li>Findings include:</li> <li>Review of an "Admission Record" dated 10/18/23 revealed Resident #100 who ultimately passed away.</li> <li>Findings include:</li> <li>Review of an "Admission Record" dated 10/18/23 revealed Resident #100 who ultimately passed away.</li> <li>Findings include:</li> <li>Review of an "Admission Record" dated 10/18/23 revealed Resident #100 who ultimately passed away.</li> <li>Findings include:</li> <li>Review of an "Admission Record" dated 10/18/23 revealed Resident #100 who ultimately passed away.</li> <li>Findings include:</li> <li>Review of an "Admission</li></ul>	PREFIX	(EACH DEFICIEN FULL REGULA	NCY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING	PREFIX	COR	RECTIVE ACTION SHOULD B EFERENCED TO THE APPRO	E CROSS-	COMPLÉTION
/Medilodge of Westwood was surveyed for an abbreviated survey from 1/17/24-1/18/24.         Intakes: M1100141735         Census: 86         F0684         SS= G         Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility.         Element 2: On 1/18/2024, any resident who had gone out of the facility residents. Based on the coordradnee with professional standards of practice, the comprehensive assessment of a resident. This facility field to assess a resident after a evidenced by:         This citation pertains to intake #MI00141735         Based on interview, and record review, the facility field to assess a resident after a output of a resident serview. If the facility with efollowing pertinent diagnoses: wedge compression facture of second lumbar vertebra (facture of the spine), dependence on renal dialysis (procedure to merove waste method facting view of a resident field in the facility with the following pertinent diagnoses: wedge compression facture of second lumbar vertebra (facture of the spine), dependence on renal dialysis (procedure to remove waste method),         Element 3: Resident swith procedures free student fluid to assess are biod if fluid rows admitted to the facility will be reviewed for particulation of Change policy and this plan.         Beinging in clude:       Review of a "Achitre with the following pertinent diagnoses: wedge compression fracture of second lumbar vertebra (facture of the spine), dependence on renal dialysis (procedure to remove waste method),         Element 4: Resident swith procedur	F0000	INITIAL COMME	INTS	F0000				
<ul> <li>SS= 6</li> <li>Cuality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the completion of an assessment post procedure. No negative findings were identified. Residents with upcoming procedures have been identified and will be assessed post procedure by:</li> <li>This citation pertains to intake #MI00141735</li> <li>Based on interview, and record review, the facility of reatment of Resident #1000 of 4 resident reviewed for quality of care, resulting in a delay of treatment of Resident #1000 of 4 resident #1000 work utimately passed away.</li> <li>Findings include:</li> <li>Review of an "Admission Record" dated 10/18/23 revealed Resident #100 was admitted to the facility with the following pertinent diagnoses: wedge compression fracture of second lumbar vertebra (fracture of the spine), dependence on renal dialysis (procedure to remove wate products and excessive fluid from the blood),</li> <li>Telement 4: Residents with procedures returning to the facility will be reviewed fox per week by the DON/designee to ensure that the</li> </ul>	SS=	abbreviated survey Intakes: MI10014	y from 1/17/24-1/18/24.					
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		Quality of care is applies to all treat facility residents. comprehensive at the facility must treatment and cap professional star comprehensive p and the resident: This REQUIREN evidenced by: This citation perta Based on interview facility failed to as outpatient medical of 4 residents revi- resulting in a delay #100, who ultimat Findings include: Review of an "Ad revealed Resident facility with the fc wedge compressic vertebra (fracture renal dialysis (pro	a fundamental principle that atment and care provided to Based on the assessment of a resident, ensure that residents receive are in accordance with ndards of practice, the berson-centered care plan, s' choices. MENT is not met as ins to intake #MI00141735 w, and record review, the seess a resident after a I procedure in 1 (Resident #100) ewed for quality of care, y of treatment for Resident ely passed away. mission Record" dated 10/18/23 #100 was admitted to the ollowing pertinent diagnoses: on fracture of second lumbar of the spine), dependence on cedure to remove waste	F0684	the faci Elemer had goi the pass identific comple or char negativ Reside been id proced returnir docume Any ab MD. Elemer Change DON ai ON 1/22 was he Policy a Beginn educate regardi post pri Physici allowed	ility. At 2: On 1/18/2024, any resine out of the facility for a prest at 30 days was identified. Read ad had a chart review for the tion of an assessment post tige in condition post procedure the findings were identified. At the upcoming procedure the findings were identified and will be assessed ure timely; within 30 minute ang into facility. The assessment normal findings will be repor- ant 3: On 1/22/2024, the Notic the policy was reviewed by the and the plan. Id to review the Notification and this plan. ing on 1/22/2024, Nurses a ed on Assessment, includin ng assessment of a resider ocedures to include notification. an as needed. No Nurse wid to the facility will be reviewed by the procedures. At 4: Residents with procedures to the facility will be reviewed by the notification. At 4: Residents with procedures to the facility will be reviewed by the procedures. At 4: Residents with procedures to the facility will be reviewed by the procedures to the facility will be reviewed by the procedures to the facility will be reviewed by the procedures to the facility will be reviewed by the procedures to the facility will be reviewed by the procedures to the facility will be reviewed by the procedures to the facility will be reviewed by the procedures to the facility will be reviewed by the procedures to the facility will be reviewed by the procedures to the facility will be reviewed by the procedures to the facility will be reviewed by the procedures to the facility will be reviewed by the procedures to the facility will be reviewed by the procedures to the facility will be reviewed by the procedures to the facility will be reviewed by the procedures to the facility will be reviewed by the procedures to the facility will be reviewed by the procedures to the facility will be reviewed by the procedures to the procedu	dent who ocedure in esidents procedure lure. No res have ed post s, upon hent will be cal record. rted to the fication of e NHA and as meeting of Change re being re- g education it status tion of II be	1/23/2024
	LABORATORY	I DIRECTOR'S OR PI	I ROVIDER/SUPPLIER REPRESEN	TATIVE'S SIGN	I ATURE	TITLE	(X6) DA	TE

Electronically Signed

02/05/2024

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.

			X3) DATE SURVEY COMPLETED				
		394160	B. WING _			1/18/2024	
NAME OF PRO	VIDER OR SUPPLIE	R			STREET ADDRESS, CITY, STA	TE, ZIP CO	DE
MEDILODGE	OF WESTWOOD				2575 N DRAKE ROAD KALAMAZOO, MI 49006		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE FERENCED TO THE APPROPR DEFICIENCY)	CROSS-	(X5) COMPLETION DATE
	the heart does not peripheral vascula in which narrowed flow to the limbs), (chronic respirator exchange of oxyge body), hypertensic of the blood again: and diabetes with 1 resulting elevated period of time ofte fatal complications: Review of a Minir assessment dated 1 #100 was admitted required assistance transferring from of changing position Resident #100 use mobility. The prin admission was ind Review of hospital dated 10/26/23, re replacement of an indwelling device vein in the neck) d nursing report was 12:42pm via telepl Resident #100 was and complained of on the pain scale. 1 rate ranging from 9 the outpatient stay According to the A Association (https://www.anna practice/vascularA	num Data Set (MDS) (0/23/23 revealed Resident I from an acute care hospital, e with dressing, toileting, one surface to another, and in bed. The MDS reflected d a power wheelchair for nary diagnosis for this icated as fractures. I records for Resident #100, vealed the resident underwent internal jugular catheter (an inserted into a large, central ue to occlusion at 12:10pm. A given to Unit Manager "Q" at hone. The records revealed s "anxious, restless, drowsy, pain at a level as high as "8" Resident #100 had a rapid heart 95-120 beats per minute during		docume Weekly DON/do residen return a that the comple Audit fiil QAPI C with sul of the fa	ndings will be presented to th committee and will only be dis bstantial compliance and with acility QAPI Committee. ministrator is responsible to r	ompleted. of ensure ly and s e facility continued approval	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A (X2) MULTI A. BUILDIN	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		394160	B. WING		1/18/2	024	
NAME OF PRO	VIDER OR SUPPLIE	R			STREET ADDRESS, CITY, STATE	, ZIP CO	DE
MEDILODGE	OF WESTWOOD				2575 N DRAKE ROAD KALAMAZOO, MI 49006		
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	CVC may be inser neck, chest, back, d and non-tunneled of tunneled catheter i jugular or the right have the advantage immediately after j Have a greater cha clotted. Have a slower blood cleaning the blood Are at greater risk stenosis. Cause high risk for embolism." In an interview on Owner (BO) "T", of service that transpe facility on 10/26/2 GPS (global positi stamped to track co times. Review of a transp BO "T" revealed R at 1:33pm and retu on 10/26/23. In an interview on Home Administrat reviewed the facili and confirmed that facility at 1:55pm of	nce of becoming infected or od flow, thus not adequately for central vein thrombosis or r sepsis, hemorrhage, or air 1/17/24 at 4:39 pm, Business owner of the transportation orted Resident #100 back to the 3, reported the company uses a oning system) that was time ustomer pick up and drop off portation record provided by tesident #100 left the hospital rmed to the facility at 1:55pm 1/18/24 at 4:45pm, Nursing or (NHA) "A" reported she ty's video surveillance footage t Resident #100 returned to the					

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STATEMENT C AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDING	PLE CON G	ISTRUCTION		DATE SURVEY PLETED
		394160	B. WING _			1/18/	2024
NAME OF PRO	VIDER OR SUPPLIE	R			STREET ADDRESS, CITY	STATE ZIP CO	
	OF WESTWOOD				2575 N DRAKE ROAD KALAMAZOO, MI 490	)	
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	regarding Residen Resident #100's as Registered Nurse ( the call, so UM "Q" reported the Resident #100 did that the resident "chad been approach on for end-of-life of the nursing report what time he did s see Resident #100 because he was in regarding employed queried about the facility, UM staff see them com there's a process". In an interview on Nurse (RN) "K" ref his caseload on 10 was unsure what ti- had on 10/26/23 bi- nursing report for Manager (UM) "Q RN "K" reported fa Resident #100 retu- that the resident "ro on my break". RN on Resident #100 resident unresponse In an interview on Home Administrat reviewed the facility confirmed that Reg- on a 30-minute bro	from a nurse at the hospital t #100. UM "Q" reported signed facility nurse, RN) "K", was too busy to take "assisted by taking the report. the hospital nurse told him not tolerate the procedure well, lidn't seem very healthy", and led at the hospital about signing care. UM "Q" reported he share with RN "K" but was unsure o. UM "Q" reported he did not when he returned to the facility his office in a meeting are usen a resident is returned "Q" reported "sometimes the te in, I don't really know if 1/17/24 at 3:03pm, Registered ported Resident #100 was on /26/23. RN "K" reported he treceived a summary of a Resident #100 from Unit " upon returning from a break. te did not know what time unsu have returned while I was "K" reported he went to check for the first time at 5pm (1 hour and 20 minutes n the hospital) and found the tive. 1/18/24 at 4:45pm, Nursing tor (NHA) "A" reported she ty's video surveillance and gistered Nurse (RN) "K" went eak at 2:30pm (35 minutes after returned from hospital) on					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER:					(X3) DATE SURVEY COMPLETED	
	394160	B. WING _			1/18/2	024
NAME OF PROVIDER OR SUPPLIE	P		STREET /	ADDRESS, CITY, STATE,		
MEDILODGE OF WESTWOOD			2575 N C	DRAKE ROAD AZOO, MI 49006	211 000	
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Nurse (RN) "H" re covering Resident - RN "K" took his bi- recalled giving Res while covering for he became aware th experiencing pain. complaint of pain n staff member or that light on. RN "K" re assessment of Resi the pain medication procedure the resid was unsure what ti- the facility on 10/2 notification of a res was "not very well reported it was not return to the facility appointment or pro- unaware.In an interview on Informant (CI) "C" reported pain and c returning to the faci reported Resident # head down and had stated "something i (Resident #100)."'In an interview on Information of 1" component on pro- unaware.In an interview on Information (CI) "C" reported pain and component on pro- unaware.In an interview on Information (CI) "C" reported resident # head down and had stated "something i to unave was informed condition, CI "C" re but they didn't com In an interview on Nursing Assistant (Confidential Inform Nurse "K" on 10/2	1/18/24 at 2:14pm Registered ported he was the nurse #100's hall on 10/26/23 while reak. RN "H" reported he sident #100 pain medication RN "K" but was unsure how hat Resident #100 was RN "K" reported the resident's nay have been reported by a e resident may have put his call ported he did not do a full dent #100 when he provided n and was unsure what type of lent had. RN "K" reported he me Resident #100 returned to 6/23 then added that overall sident's return to the facility communicated". RN "K" uncommon for a resident to y following a medical scedure and the nurse was 1/18/24 at 9:20am Confidential reported Resident #100 lifficulty breathing upon ility on 10/26/23. CI "C" #100 sat with his eyes closed, I a pale complexion. CI "C" just looked off about him When queried as to whether a d about Resident #100's eported "I told several nurses, se". 1/18/24 at 10:19am, Certified (CENA) "I" reported she heard mant (CI) "C" tell Registered 6/23 that Resident #100 was d needed to be assessed. CENA					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER: 394160		À. BUILDIN	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 1/18/2024		
	VIDER OR SUPPLIE	R	I		STREET ADDRESS, CITY, STATI 2575 N DRAKE ROAD KALAMAZOO, MI 49006	 ∃, ZIP CO	DE
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	In an interview on Nursing Assistant Resident #100 afte procedure on 10/2 resident was sitting with his head dow CENA "L" describ as "tired and worn heard Confidential that Resident #100 In an interview on Manager (UM) "P Resident #100 had on 10/26/23 but re code blue (cardiac reported a resident of an intrajugular of nursing assessmen facility. When que was a concern that assessed following In an interview on of Nursing (DON) not have a specific alerting nursing sta from a procedure. always on the floo reported when a re the floor nurse wo when they did rour Regarding Resider was alert and orier what he needs, and (sic) out anybody" see Resident #100 hospital on 10/26/ regarding what act	at time this occurred. 1/18/24 at 2:06pm, Certified (CENA) "L" reported she saw r he returned from his 6/23. CENA "L" reported the gin his wheelchair in his room n, eyes closed, appeared sleepy. Wed Resident #100's appearance out". CENA "L" reported she Informant (CI) "C" tell a nurse said he "didn't feel right". 10/18/23 at 2:43pm, Unit " reported she was unaware returned from his procedure sponded to his room when a arrest) was called. UM "P" who had undergone placement catheter would need a full t upon their return to the ried, UN "P" confirmed that it Resident #100 had not been his return to the facility. 10/18/23 at 3:44pm, Director "B" reported the facility did process it followed regarding aff when a resident returned DON "B" stated "our nurses are r, so they see them". DON "B" sident returns from a procedure uld complete an assessment ads and passed medications. tt #100, DON "B" stated "he tied so he could tell the nurses 1 it doesn't sound like he seeked . DON "B" reported she did not when he returned from the 23. When further queried ions a nurse should take when at who had just undergone					

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STATEMENT O AND PLAN OF (	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLI, IDENTIFICATION NUMBER:	A (X2) MULTI A. BUILDING	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		394160	B. WING _			1/18/2	024
NAME OF PRO	VIDER OR SUPPLIE	R	-		STREET ADDRESS, CITY, STATE,	ZIP CO	DE
MEDILODGE	OF WESTWOOD				2575 N DRAKE ROAD KALAMAZOO, MI 49006		
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING IFORMATION)	ID PREFIX TAG	COR	IDER'S PLAN OF CORRECTION (E RECTIVE ACTION SHOULD BE CR FERENCED TO THE APPROPRIAT DEFICIENCY)	DSS-	(X5) COMPLETION DATE
	placement of an im "B" stated "assessi dry and intact, gett writing a progress doing". In an interview on Registered Nurse ( complete an assess the resident came b procedure because "K". RN "K" upon approximately 3:12 Resident #100 and confirmed that a re following the proce that assessment she blood pressure, pul Review of nursing revealed the only a resident on 10/26/2 with an effective d 3:34pm (after the r 10/26/23 at 3:17pn most recent vital si 1:38am on 10/26/2 Review of a nursin Registered Nurse ( dated 10/26/23 at 3 "nurse came back f went down to asses procedure at (name #100) leaving the t returning at approx resident face down and initiated code l	ternal jugular catheter, DON ng the dressing to ensure it's ing a good set of vitals and note detailing how they're 10/18/24 at 2:21pm, RN) "K" reported he did not sment on Resident #100 when back to the facility following a he "did not have time". RN returning from a break at 5pm, he went to check on "he had passed out". RN "K" ssident should be assessed edure Resident #100 had, and ould include monitoring of lse oxygenation and pulses. assessments for Resident #100 ussessment completed for the 23 was a "Fall Assessment" ate and time of 10/26/23 at resident had a cardiac arrest on n). The assessment contains the igns which were taken at 3. mg progress note written by RN) "K" for Resident #100, 3:17pm, revealed a statement: from a 15-minute break and ss resident following graft e of local hospital)(Resident building early AM and a (sic) 3pm. Nurse observed anurse did not find a pulse blue".					
	Manager (UM) "Q	ng progress note written by Unit ", for Resident #100 dated n, revealed a statement: "This					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLI/ IDENTIFICATION NUMBER: 394160	À. BUILDING	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		ATE SURVEY LETED
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NAME OF PROVIDER OR SUPPLIE MEDILODGE OF WESTWOOD			STREET ADDRESS, C 2575 N DRAKE RO, KALAMAZOO, MI 4	AD	DE
PRÉFIX (EACH DEFICIEN TAG FULL REGULA	ATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR CORRECTIVE ACTION SHO REFERENCED TO THE A DEFICIENCY	ULD BE CROSS- PPROPRIATE	(X5) COMPLETION DATE
overheadthis wi doing compression responds (sic) con time of death was team". Review of a "Preh provided the emer 10/26/23, revealed "Narrative History (Resident #100) h catheter replaceme morningdischar nursing facility) unwell." Review of "Comp Nursing"" written revealedNursing professionals diag Assessments also plans A complet requires a health p in a systematic fas rely on self-report observation, repor physical medical e assessment. This c care plan A prop can lead to early in lives"	betinga code blue was called itter arrived, and a nurse was asEMS arrived at 1548first tinued care until 1604 when called by the first responder ospital Care Report Summary" gency medical service, dated a under a section titled a rest" a statement: "Patient ad right tunneled dialysis ent performed in hospital this ged back to SNF (skilled last seen by staff looking leting a Health Assessment in by Nalea Ko, MFA, 9/22/22 g health assessments help health nose diseases and illnesses. inform preventative care e nursing health assessment rofessional to examine a patient shion, from head to toe. Nurses ed symptoms, visual ted health histories, and a examination to make a health lata then informs the nursing per nursing health assessment ntervention, which saves al.org/resources/nursing-health-				