STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	394160	A. BUILDING _____ B. WING _____	2/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEDILODGE OF WESTWOOD	2575 N DRAKE ROAD KALAMAZOO, MI 49006

(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 Westwood was surveyed for an Abbreviated survey on 2/18/25 - 2/20/25. Intakes: MI00147428; MI00147677; MI00149818; MI00149924 Census = 85	F0000		
F0565 SS= D	Resident/Family Group and Response §483.10(f)(5) The resident has a right to organize and participate in resident groups in the facility. (i) The facility must provide a resident or family group, if one exists, with private space; and take reasonable steps, with the approval of the group, to make residents and family members aware of upcoming meetings in a timely manner. (ii) Staff, visitors, or other guests may attend resident group or family group meetings only at the respective group's invitation. (iii) The facility must provide a designated staff person who is approved by the resident or family group and the facility and who is responsible for providing assistance and responding to written requests that result from group meetings. (iv) The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility. (A) The facility must be able to demonstrate their response and rationale for such response. (B) This should not be construed to mean that the facility must implement as recommended every request of the resident or family group. §483.10(f)(6) The resident has a right to participate in family groups. §483.10(f)(7) The resident has a right to have family member(s) or other	F0565	Element #1 Resident 101, 106, and 107 continue to reside in the facility. No adverse reactions were noted related to the long call light wait time. Element #2 Residents in the facility have the ability to be effected. Residents with a BIMS of 10 or greater will be interviewed to ensure that their call light is answered timely. Concerns will be addressed. Element #3 Call Light: Accessibility and Timely Response policy was reviewed by DON and NHA and deemed appropriate. Staff were educated on the responsibilities of answering call lights. During stand up concern forms related to call lights will be reviewed. DON or Administrator will meet with resident council president upon completion of concerns from resident council and will review with resident council monthly.	3/3/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/10/2025

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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	resident representative(s) meet in the facility with the families or resident representative(s) of other residents in the facility. This REQUIREMENT is not met as evidenced by: This citation pertains to intake: MI00147428. Based on interview and record review, the facility failed to take prompt action to resolve resident concerns of lengthy call light wait times in 3 (Resident #107, #106, and #101) of 3 residents reviewed for concern resolution, resulting in dissatisfaction with call light response and the potential for feelings of frustration as well as the potential for additional care concerns to go unaddressed. Findings include: Review of "Resident Council Minutes" for 7/18/24 meeting revealed concern with long call light response on 2nd shift and on all shifts on the weekends. There was no indication in the documentation that any follow up occurred. Review of "Resident Council Minutes" for 10/24/24 meeting revealed concern with call lights not being answered. The "Plan/Action" was "continue to audit". Review of "Resident Council Minutes" for 1/15/25 meeting revealed contineud concern with long call light response on 2nd and 3rd shifts. There was no indication in the documentation that any follow up occurred. Resident #107 Review of an "Admission Record" revealed Resident #107 was a female, with pertinent		Element #4 The Director of Nursing /designee will conduct 10 random call light audits ensuring timely response weekly for 4 weeks then monthly until substantial compliance is achieved. DON or Administrator will meet with resident council president upon completion of concerns from resident council and will review with resident council monthly. Audit findings will be presented to the facility QAPI Committee and will only be discontinued with substantial compliance and with approval of the facility QAPI Committee. The Administrator is responsible to maintain compliance.	

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	diagnoses which included: bipolar II disorder. Review of a "Minimum Data Set" (MDS) assessment for Resident #107, with a reference date of 1/12/25 revealed a "Brief Interview for Mental Status" (BIMS) score of 15, out of a total possible score of 15, which indicated Resident #107 was cognitively intact. In an interview on 2/18/25 at 9:20 AM, Resident #107 reported she has waited an hour for her call light to be answered. Resident #107 reported this has happened "a couple times a week." Resident #106 Review of an "Admission Record" revealed Resident #106 was a female, with pertinent diagnoses which included: muscle wasting, generalized. Review of a "Minimum Data Set" (MDS) assessment for Resident #106, with a reference date of 12/17/24 revealed a "Brief Interview for Mental Status" (BIMS) score of 15, out of a total possible score of 15, which indicated Resident #106 was cognitively intact. In an interview on 2/18/25 at 9:43 AM, Resident #106 reported there was no way to tell how long it would take for staff to answer her call light and that, at times, it has taken 30 minutes. Resident #106 reported longer wait times occurred late at night and early morning. Resident #101 Review of an "Admission Record" revealed Resident #101 was a female, with pertinent diagnoses which included: multiple sclerosis (a disease that causes damage to the protective covering of the nerves resulting in symptoms			

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	including muscle weakness and numbness). Review of a "Minimum Data Set" (MDS) assessment for Resident #101, with a reference date of 11/18/24 revealed a "Brief Interview for Mental Status" (BIMS) score of 15, out of a total possible score of 15, which indicated Resident #101 was cognitively intact. In an interview on 2/18/25 at 10:34 AM, Resident #101 reported call light wait times depended on whether there was 1 CNA (Certified Nurse Aide) or 2 CNAs working on the hall. Resident #101 reported when there was 1 CNA working the hall, it "takes a while" for her call light to be answered. In an interview on 2/19/25 at 8:54 AM, CNA "J" reported residents had complained to her about long call light wait times. CNA "J" reported longer call light wait times usually happened when there was only 1 CNA on the hall because the other CNA working the hall was on their break. In an interview on 2/19/25 at 9:59 AM, CNA "F" reported sometimes residents did have to wait a long time for their call light to be answered if staffing was "running short" that day. CNA "F" reported she had seen call lights "sit on (meaning unanswered) for quite a long time."			
F0689 SS= G	Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by:	F0689	Element #1 Resident # 102 no longer resides in the facility Resident #103 no longer resides in the facility Element #2 Residents in the facility have the potential to be effected. A house wide audit of beds in the facility were assessed to ensure that enabler grab bars were latched in a locked position. Concerns	3/3/2025

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	This citation pertains to Intakes: MI00147677 and MI00149818. Based on interview and record review, the facility failed to ensure the safety and 1.) fully implement a documented intervention of 1:1 supervision to prevent a fall for 1 (Resident #102) resident and 2.) ensure an enabler (grab) bar was securely engaged before moving a resident in bed for 1 (Resident #103) resident of 3 residents reviewed for accidents/hazards/falls, resulting in a preventable fall with a head injury for Resident #102 and a preventable fall with a skin tear for Resident #103. Findings include: Resident #102 Review of an "Admission Record" revealed Resident #102 was a female, with pertinent diagnoses which included: Alzheimer's disease, unspecified (a form of dementia), muscle weakness (generalized), and repeated falls. Review of a "Minimum Data Set" (MDS) assessment for Resident #102, with a reference date of 3/18/24 revealed a "Staff Assessment for Mental Status" assessment that Resident #102 was "Moderately impaired" for cognitive skills for daily decision making. Review of Resident #102's "Incident Report" dated 6/2/24 revealed, "Incident Description Nursing Description: Nurse found resident on the floor of C hall. Resident was self transferring down the hall without her walker ...Resident Description: I was walking and tripped over my own feet. I fell on my right arm and then right leg ..."		noted will be addressed. Residents in the facility were audited and no other residents have a 1:1. Element #3 Accidents and Supervision policy was reviewed by DON and NHA and deemed appropriate. Nursing staff educated on 1:1 ensuring in sight and within arm□s reach and ensuring that enabler bars are locked in place prior to care. Fall Risk Management incident reports will be reviewed during clinical stand up meeting to ensure following process. Element #4 DON or designee will audit 5 residents with enabler bars to ensure they are locked in place prior to care 3 times a week for 4 weeks, and then monthly until compliance is achieved. DON or designee will audit residents receiving 1 on 1 to ensure within sight and in reach and will be completed 3 times/week for 4 weeks, and then monthly until compliance is achieved. Audit findings will be presented to the facility QAPI Committee and will only be discontinued with substantial compliance and with approval of the facility QAPI Committee The Administrator is responsible to achieving and maintaining compliance.	

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	Review of Resident #102's "IDT Interdisciplinary Progress Note" dated 6/3/24 at 10:56 AM revealed, "Note Text: IDT review of resident fall on 6/2/24. Resident found on floor, VS (vital signs) and ROM (range of motion) assessed, resident sent to ER (emergency room) for evaluation of pain in right upper and lower extremity. Immediate intervention of added 1:1 (one on one supervision) when resident returns from ER due to fall risk and resident is uncooperative with use of walker." Review of Resident #102's "Incident Report" dated 6/7/24 revealed, "resident was walking out of her room towards the nursing station, she stumbled over her own feet looking dizzy, then fell onto her right side hitting her hip, shoulder then head. immediately after the fall she was unresponsive for 6 min (minutes), breathing normally ...Immediate Action Taken Description: called 911, placed into spinal precautions and laid resident on back as directed by 911 dispatch ..." Review of a statement dated 6/7/24 by "Certified Nurse Aide" (CNA) "E" (the staff assigned to provide 1:1 supervision for Resident #102 at the time of the fall) revealed, "At approximately 3:30 p.m. (Resident #102) was in her bed watching T.V. Went to let her nurse know that her brace on the L (Left) leg was taken off and roommate needed something for pain. When I returned to room, she was on the floor in the hall. She landed on her R (right) side sorning (sic). Vital (sic) were taken lot of movement on L side. She was communicating with staff EMS (Emergency Medical Services) was called ...Additional Questions: 1. Do you know that you should never leave a 1:1? Answer: I know I should never leave a 1:1 ..." In an interview on 2/19/25 at 2:16 PM, CNA "E" reported she had been the staff providing the 1:1			

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	supervision for Resident #102 at the time of the fall on 6/7/24. CNA "E" reported Resident #102 had been complaining about the brace on her leg and wanted to take it off. CNA "E" reported the other resident in the room needed assistance and she (CNA "E") had gone to find somebody to assist the other resident and to look at Resident #102's brace. CNA "E" reported as soon as she walked out of the room, Resident #102 was on the floor. Review of Resident #102's Emergency Department report dated 6/7/24 at 4:28 PM revealed, "HPI (history of present illness) ...Patient is an 87-year-old female presents from (Facility Name) with concerns for a ground-level fall today with loss of consciousness and subsequent altered mental status ...Patient is anticoagulated on Eliquis ..." Review of a Radiology CT (a form of imaging that uses x-rays) Trauma Brain Without Contrast report from (hospital name omitted) for Resident #102 signed on 6/7/24 at 6:62 PM revealed, "Final Result 1. Acute focal hematoma (blood clot) in the right middle cranial fossa (a depression in the inner surface of the skull that houses the brain)/right anterior temporal lobe (a part of the brain on the sides of the head) measuring up to 0.8 cm (centimeters) ...2. Additional focal hematomas in the right pons (a part of the brain stem) measuring up to 0.5 cm ...4. Moderate to large right-sided scalp hematoma (bruise) and soft tissue swelling ..." In an interview on 2/19/25 at 10:57 AM, "Regional Nurse Consultant" (RNC) "G" reported Resident #102 had been on 1:1 supervision on 6/7/24 at the time of her fall because she was a fall risk. RNC "G" reported a 1:1 supervision entails that the CNA should be sitting at the bedside with the resident watching for the			

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	resident to get up or try to walk and to walk with the resident if the resident chose to do so. RNC "G" reported the resident fell because the CNA had turned her back and was not watching the resident at the time of the fall. Resident #103 Review of an "Admission Record" revealed Resident #103 was a male, with pertinent diagnoses which included: morbid (severe) obesity due to excess calories, pain in right knee, and gout (a form of arthritis resulting in severe pain and swelling in the joints). Review of a "Minimum Data Set" (MDS) assessment for Resident #103, with a reference date of 11/23/24 revealed a "Brief Interview for Mental Status" (BIMS) score of 14, out of a total possible score of 15, which indicated Resident #103 was cognitively intact. Review of Resident #103's "Incident Report" dated 12/3/24 revealed, "Incident Description Nursing Description: CNA (Certified Nurse Aide) was in room performing AM (morning) care, resident rolled to the right, grab bar was not locked in place, as the resident rolled he grabbed the bar and it moved causing resident to roll out of bed, resident was laying prone (lying face-down on the stomach). Resident Description: "I just rolled out of bed and banged up my elbow" ...Immediate Action Taken Description: resident was assessed for injury, found skin tear on right forearm ..." In an interview on 2/13/25 at 11:47 AM, Resident #103 reported a CNA was giving him a bed bath and when she told him to roll over, he rolled out of bed and onto the floor. Resident #103 reported when he fell, he had blood all over his elbow and a lot of black and blue marks on his shoulder.			

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	In an interview on 2/18/25 at 1:43 PM, "Nursing Home Administrator" (NHA) "A" reported Resident #103 had fallen out of bed on 12/3/24 because one of the enabler bars on the side of Resident #103's bed wasn't latched properly and had moved when he rolled over. In an interview on 2/19/25 at 9:59 AM, CNA "F reported she was the staff member giving Resident #103 a bed bath when he fell out of bed on 12/3/24. CNA "F" reported Resident #103 was turning toward the door and the enabler bar was not properly engaged. CNA "F" reported when Resident #103 went to grab the bar, the bar went flying in the opposite direction and he fell onto the floor.			
F0804 SS= D	Nutritive Value/Appear, Palatable/Prefer Temp §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by: This citation pertains to intake MI00147428. Based on interview and record review, the facility failed to provide food products at a palatable temperature for 2 (Resident #106 and Resident #101) of 3 residents reviewed for food, resulting in dissatisfaction with meals and the potential for nutritional decline. Findings include: Resident #106	F0804	Element #1 Resident #101 was interviewed for concerns related to temperature of food. Concerns identified will be placed on a concern form for follow up. Resident #106 was interviewed for concerns related to temperature of food. Concerns identified will be placed on a concern form for follow up. Element #2 Residents in the facility have the potential to be effected. Resident□s with BIMS 10 or higher will be interviewed for concerns with food temperatures. Concerns identified will be addressed. On 2/27/25 Food temperature log reviewed to	3/3/2025

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	Review of an "Admission Record" revealed Resident #106 was a female, with pertinent diagnoses which included: type 2 diabetes mellitus (a condition where the body is not able to properly use sugar from the blood) with diabetic nephropathy (diabetic kidney disease) and long term (current) use of insulin. Review of a "Minimum Data Set" (MDS) assessment for Resident #106, with a reference date of 12/17/24 revealed a "Brief Interview for Mental Status" (BIMS) score of 15, out of a total possible score of 15, which indicated Resident #106 was cognitively intact. In an interview on 2/18/25 at 9:43 AM, Resident #106 reported the food was hardly ever hot enough and that the residents deserved to have a decent meal. Resident #101 Review of an "Admission Record" revealed Resident #101 was a female, with pertinent diagnoses which included: type 2 diabetes mellitus. Review of a "Minimum Data Set" (MDS) assessment for Resident #101, with a reference date of 11/18/24 revealed a "Brief Interview for Mental Status" (BIMS) score of 15, out of a total possible score of 15, which indicated Resident #101 was cognitively intact. In an interview on 2/18/25 at 10:34 AM, Resident #101 reported the food was not always hot enough with breakfast being the worst for temperatures. In an interview on 2/19/25 at 8:29 AM, "Certified Nurse Aide" (CNA) "K" reported residents had		ensure temperatures obtained for meals. Element #3 Dietary staff will be educated on taking and recording temperatures prior to meal service. Dietary Manager or Dietician will review temperature logs to ensure temperatures are obtained for each meal. Element #4 The Dietary Manager /designee will conduct 5 random audits to ensure resident satisfaction with meal temperature 3x/week for 4 weeks then weekly until substantial compliance is achieved. The Dietary Manager /designee will audit that meal temperatures are being taken and recorded prior to service 3x/week for 4 weeks then weekly until substantial compliance is achieved. Audit findings will be presented to the facility QAPI Committee and will only be discontinued with substantial compliance and with approval of the facility QAPI Committee. The Administrator is responsible to maintain compliance.	

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	complained to her that the food was not hot enough. In an interview on 2/19/25 at 8:54 AM, CNA "J" reported residents have complained that the food served was cold. In an interview on 2/19/25 at 8:59 AM, "Registered Nurse" (RN) "N" reported the residents have complained about the food temperature not being hot enough when the food was served. In an interview on 2/19/25 at 9:59 AM, CNA "F" reported residents have complained that their food was served cold. In an interview on 2/19/25 at 1:02 PM, CNA "D" reported residents complain that their food was not hot enough. In an interview on 2/19/25 at 2:16 PM, CNA "E" reported residents complain that food was cold when it was served to them. Review of the Temperature Logs revealed that temperature was taken for 2/16/25 with no concerns. No documented temps for 2/17/25. No documented temps for breakfast or lunch on 2/18/25.			
F0806 SS= D	Resident Allergies, Preferences, Substitutes §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(4) Food that accommodates resident allergies, intolerances, and preferences; §483.60(d)(5) Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice; This REQUIREMENT is not met as	F0806	Elements #1 Residents in the facility have the potential to be effected. Resident #101 was interviewed for food preferences. Food Preferences will be updated as appropriate. Resident #106 was interviewed for food preferences. Food Preferences will be	3/3/2025

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	evidenced by: This citation pertains to intake MI00147428. Based on interview and record review, the facility failed to ensure residents received requested food items for 2 (Resident #106 and Resident #101) of 3 residents reviewed for food, resulting in dissatisfaction with meals and the potential for nutritional decline. Findings include: Resident #106 Review of an "Admission Record" revealed Resident #106 was a female, with pertinent diagnoses which included: type 2 diabetes mellitus (a condition where the body is not able to properly use sugar from the blood) with diabetic nephropathy (diabetic kidney disease) and long term (current) use of insulin. Review of a "Minimum Data Set" (MDS) assessment for Resident #106, with a reference date of 12/17/24 revealed a "Brief Interview for Mental Status" (BIMS) score of 15, out of a total possible score of 15, which indicated Resident #106 was cognitively intact. In an interview on 2/18/25 at 9:43 AM, Resident #106 reported she often did not receive what she ordered on her meal tray. Resident #106 reported this morning for breakfast she was supposed to get 2 eggs and 2 pieces of toast, but she got 1 egg and 1 piece of toast. Resident #106 reported she had to ask for her second egg and that they never did bring her second piece of toast. Resident #106 reported she didn't eat pork or shellfish so when they had those items on the menu, the kitchen gave her substituted items that she didn't want		updated as appropriate. Element #2 A one-time audit of resident□s food preferences will be completed. Meal tickets will be updated accordingly. A one-time audit of resident tray tickets will be completed to ensure preferences are listed on the tray tickets. Element #3 The NHA and Dietician will review the Resident Food Preferences policy and deemed it appropriate. Dietary staff will be educated on ensuring residents are receiving food per preference/meal ticket and following the menu. Dietary manager and Dietician will be educated on ensuring resident preferences are obtain on admission and quarterly and updating meal tickets. Nursing staff, activity staff and management that assists with meal pass will be educated on ensuring residents are receiving food per menu and tray ticket. Review at stand up concerns with preferences and meal tickets. Element #4 The Dietary Manager /designee will conduct random audits to ensure food preferences completed, resident is receiving food per tray tickets 3x/weekly for 4 weeks then monthly	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	394160	A. BUILDING _____ B. WING _____	2/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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	and hadn't ordered instead of giving her what she had previously asked for (a chef salad or chicken noodle soup) because they never wrote it down. Resident #106 reported it was frustrating. Resident #101 Review of an "Admission Record" revealed Resident #101 was a female, with pertinent diagnoses which included: type 2 diabetes mellitus. Review of a "Minimum Data Set" (MDS) assessment for Resident #101, with a reference date of 11/18/24 revealed a "Brief Interview for Mental Status" (BIMS) score of 15, out of a total possible score of 15, which indicated Resident #101 was cognitively intact. In an interview on 2/18/25 at 10:34 AM, Resident #101 reported she did not always get what she ordered for her meals. Resident #101 gave the example of the previous evening and that she had just wanted some cottage cheese and pineapple because she had already eaten food from her family. Resident #101 reported she got pineapple, a hot dog, and coleslaw but not the cottage cheese. In an interview on 2/19/25 at 8:33 AM, "Licensed Practical Nurse" (LPN) "M" reported residents complained to her that they don't get what they order. LPN "M" reported when a resident relayed their food preferences to the nursing staff and they relayed the preference to the dietary manager, sometimes it took a few days for the preference to be updated on the tray ticket because tickets were printed in advance. LPN "M" reported sometimes the resident preferences didn't get communicated to the kitchen. In an interview on 2/19/25 at 8:54 AM, CNA "J"		until substantial compliance is achieved. The Dietician or designee will conduct random audits to ensure menu was followed 3x weekly for 4 weeks then monthly until substantial compliance is achieved. Audit findings will be presented to the facility QAPI Committee and will only be discontinued with substantial compliance and with approval of the facility QAPI Committee. The Administrator is responsible to maintain compliance.	

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	reported residents complained occasionally that they don't get what they order but that was because the kitchen didn't have it. In an interview on 2/19/25 at 8:59 AM, "Registered Nurse" (RN) "N" reported sometimes the residents did not receive their requested beverages, nutritional supplements, or ice cream on their meal trays. In an interview on 2/19/25 at 9:59 AM, CNA "F" reported residents have complained that they don't get what they order and when the CNA attempted to retrieve it from the kitchen, they were told they didn't have it. In an interview on 2/19/25 at 2:16 PM, CNA "E" reported the other day residents were supposed to get a grilled ham and cheese sandwich and they received a cold ham and cheese sandwich instead and that some residents ended up ordering food from local restaurants and had it delivered instead of eating the cold ham and cheese sandwich. CNA "E" reported residents complained about not getting what they ordered and then get frustrated that they had to wait while the CNA went back to the kitchen to get the item. Review of the facility "Menu" for February 18, 2025, revealed, "DINNER Grilled Ham & Cheese Sandwich ..."			