| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235358 | A. Building<br>B. Wing | 08/29/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Medilodge of Ludington | 1000 East Tinkham Avenue<br>Ludington, MI 49431 |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0684<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident's preferences and goals.<br><br>(continued on next page) |

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 |
|---|---|---|
| | | |

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 03/17/2026
Form Approved OMB
No. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235358 | A. Building<br>B. Wing | 08/29/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Medilodge of Ludington | 1000 East Tinkham Avenue<br>Ludington, MI 49431 |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0684<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to assess and treat two residents (Resident #1 and Resident #2) for acute changes, out of four residents reviewed, resulting in the need for emergency medical attention for both residents. Findings:Resident #1 (R1)Review of an admission Record revealed R1 was a [AGE] year-old-female, originally admitted to the facility on [DATE], with pertinent diagnoses of presence of a cardiac pacemaker, a prosthetic heart valve, and implanted cardiac defibrillator, morbid obesity, high blood pressure, chronic kidney disease stage 3, atrial fibrillation, chronic obstructive pulmonary disease, and congestive heart failure. Review of a physician progress note for R1, dated 06/27/25, reflected .(R1s) multiple medical issues necessitate frequent clinical evaluations, placing (R1) at moderate risk for readmission to the hospital without frequent monitoring and skilled intervention .frequent monitoring and management by trained clinicians is essential to safeguard (R1's) well-being, enhance recovery, and prevent clinical decline.Review of a Physician Progress Note for R1 dated 07/05/25 revealed .(R1) states she is having worse pain than when she arrived, complains of severe cramping deep in posterior (back side) of right leg .unable to palpate right pedal pulse (found on top part of the foot) .notified nurse who will speak with facility physician .recommend ultrasound to rule out a deep vein thrombosis (blood clot in the leg). During an interview on 08/29/25 at 9:11 AM, Registered Nurse (RN) A confirmed working and speaking with the provider on 07/05/25 about R1 and the concern with no right pedal pulse. RN A indicated that she also checked for a right pedal pulse and could not appreciate a pulse and stated that she did not check for additional pulses at the ankle or behind the knee. A STAT (immediately) ultrasound was ordered by the physician and placed into the computer by RN A. Review of an Ultrasound Order for R1 dated 07/05/25 at 11:54 AM revealed an order for a right lower leg doppler ultrasound and the priority was listed at ASAP (as soon as possible) and not STAT (immediately and without delay) as the physician had ordered. Review of R1's Electronic Health Record (EHR) showed the ultrasound was not completed prior to R1 going to the emergency room (ER) on 07/06/25. Further review of the EHR showed no nursing assessments nor evaluations of R1's right leg were completed prior to R1 going to the ER on [DATE]. During an interview on 08/29/25 at 8:17 AM, Licensed Practical Nurse (LPN) C stated that on 07/06/25 R1 told LPN C that her leg hurt, LPN C gave her a Norco (opioid pain medication), and R1 stated that her leg still hurt so LPN C sent her to the ER. That's all I remember.During an interview on 08/29/25 at 10:36 AM, R1 stated that the morning of 07/06/25 she woke up and her right leg was blue and cold. The nurse did not look at my leg, instead gave me a Norco. I told the aide an hour later that it was not any better and the aide came back and told me that the nurse was busy with other residents and that I needed to let the medication work. R1 then stated that the wound nurse came into her room after 2:00 PM and R1 told that nurse what was happening with her right leg. The wound nurse looked at my leg, told me not to move, and they were quickly sending me to the hospital. I had to have emergency surgery to save my leg. R1 stated that she felt like the nurse ignored her concerns and did not assess the problem. Review of an SBAR communication Form for R1, dated 07/06/25 and written by LPN C reflected: (a) resident requesting to go to emergency room, feels she may have a blood clot behind her knee, (b) other relevant findings .resident assessed. No additional information was documented regarding an assessment of the right leg and the status of circulation, i.e., color and temperature of the skin, capillary refill time, whether pulses could be felt in the right leg, (c) that a STAT ultrasound of R1's right leg had been ordered by the physician on 07/05/25 and had not yet been completed, and (d) RN assessment-what do you think is going on with the resident, LPN C documented UTI (urinary tract infection). Review of emergency room progress notes for R1 dated 07/06/25 at 3:30 PM revealed . acute right lower limb ischemia (lack of blood flow) .right leg pain with pallor (pale), coolness, unable to palpate distal pulses and unable to obtain pulses with a doppler .will emergently obtain a CT of the pelvis to rule out an occluded artery. Contacted (a level 1 trauma hospital in Grand Rapids) and we reviewed the films, R1 had a complete occlusion (blockage) of the right iliac artery the main blood supply to the lower leg and located at the top of the leg in the groin area). Unfortunately, Aero Med is not flying at this time because of bad weather. We will initiate a priority 1 transfer for immediate vascular surgery. Resident #2 (R2)Review of an admission Record revealed R2 was a [AGE] year-old-female, last admitted to the facility on [DATE], with pertinent diagnoses of multiple sclerosis and constipation. Review of a bowel elimination task monitoring for R2, completed each shift by direct care staff, reflected R2 had a medium size bowel movement the |