STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235014	A. Building B. Wing	07/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Orchards at Redford	25330 West Six Mile Road Redford, MI 48240

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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. This citation pertains to Intake numbers 1293719 and 1293580.Based on observation, interview, and record review, the facility failed to answer a call light timely for one resident (R701) out of two reviewed for call lights. Findings include:On 7/9/2025 at 12:11 PM, R701 activated their call light. R701 stated they never answer the call light when it is activated and sometimes it will be on all night until the next day. R701 reported, the screen at the desk barely works. R701 reported the call light does not light up over the door, but rather shows up on a screen at the desk.A review of the medical record revealed that R701 admitted into the facility on 4/5/2024 with the following medical diagnoses, General Anxiety Disorder and Chronic Kidney Disease. A review of the most recent Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 14/15 indicating an intact cognition. R701 also required assistance with bed mobility and transfers. On 7/9/2025 at 12:18 and 12:26 PM, R701's call light was noted to still be activated. No one was observed to come and address the call light. On 7/9/2025 at 1:28 PM, R701's call light was still observed to be activated. R701 reported no one came into the room to address their concern. On 7/9/2025 at 1:35 PM, Activities Aide (AA) C was observed to be charting in the hallway. AA C was asked how they knew if call lights were activated. AA C reported they know there is a system up front and that they can check it and answer call lights if necessary.On 7/9/2025 at 1:38 PM, an interview was conducted with Licensed Practical Nurse (LPN) A. LPN A reported they look at the system behind the nurses' station and check if there are lights activated, as long as the system is working properly. On 7/9/2025 at 1:40 PM, an interview was conducted with Unit Manager (UM) B. UM B was shown that R701's call light had been activated since 12:11 PM and it was now 1:43 PM. UM B reported the call light should have been addressed and deactivated within 15 minutes of it going off, unless there is a dire emergency. UM B reported they would have to see what happened with R701's call light been addressed in a timely manner. A review of resident council notes from the last six months revealed that call lights being answered in a timely manner, particularly during the midnight shift, was a concern for the following months: January, February, March, May, and June. On 7/9/2025 at 2:54 PM, an interview was conducted with the Director of Nursing (DON). The DON indicated they have followed up on concerns with call light wait times and their expectation is that they are answered in a timely manner. The DON reported they believe that everyone should answer call lights and that it is everyone's responsibility. A review of a facility policy titled, Call Light Policy noted the following, .1.Call lights should be answered by available staff as promptly as possible.

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