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	03/05/2026

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intakes 2743619 and 2792857.Based on observation, interview, and record review, the facility failed to ensure care needs were met timely for five residents (R901, R905, R906, R907, R908) of eight residents reviewed for unmet care needs. Findings include:R901On 03/04/26 at 8:59 AM and 9:46 AM, R901was observed to be lying in bed, with the head of the bed up around 20 - 30 degrees and dressed in a hospital style gown. A pillow was under the bottom sheet at the right side. R901 was not supported by the pillow. R901 was oriented with their right side to the wall. The call light was under the covers at the right side of R901. At 10:28 AM, R901 continued in bed as before. R901's Responsible Party (RP) was at the bedside and expressed concerns with staff assistance with the resident's needs. At this time the RP was able to show R901's legs were contracted, R901's legs were flexed at the knees so that the heels were at the buttocks. The knees were pointed toward the left side of the bed with the torso turned so the shoulders of R901 rested on the bed. R901 had gauze dressings to both feet and the right hip visible. Bloody drainage had soaked through different parts of each dressing. R901 did not move the legs independently. The RP reported R901 had open pressure related wounds to both heels, the side of the feet, both hips and the buttocks. No devices or pillows were observed to pad the bony prominences of the knees or separate the feet from laying on top of each other and press against the buttocks area. R901 was on their left hip. At 12:31 PM, R901 continued in bed in a similar position as before with the knees toward the left side. The head of the bed was up around 30 degrees. R901's hand and arms moved about but no leg movement was observed.On 03/05/26 at 8:01 AM, R901 was again on their back in bed, dressed in a hospital style gown, with the head of the bed up around 20-30 degrees and the knees pointed toward the left. At 11:05 AM, continued in bed positioned as before. No specialty or low air loss mattress was in place. No pillow at the left side under sheet the call pad style call light was hanging over the headboard of the bed. At 12:17 PM, R901 continued on their back as before. The call light was over the headboard. A review of the record for R901 revealed R901 was admitted into the facility on [DATE]. Diagnoses included Multiple Sclerosis, Contracture of Muscle Lower Legs and Malnutrition. The progress note dated 01/10/26 at 7:19 PM documented, During morning rounds observed patient laying on floor mat near bedside . A Nurse Practitioner note date 01/16/26 documented, .Post fall continue to maintain and fall prevention protocol . A review of the active care plan documented, I had an actual fall. Date Initiated: 01/10/2026 . reposition resident frequently while in bed Date Initiated: 02/27/2026, Revision on: 02/27/2026, Concave mattress Date Initiated: 01/14/2026, Revision on: 01/21/2026 . A review of the Minimum Data Set (MDS) assessment dated [DATE] documented impaired cognition and the R901 was dependent on staff for all hygiene, toilet needs, dressing, rolling left and right in bed, and transfer to/from chair to bed.R905 On 03/04/26 at 8:32 AM, R905 was observed to be in bed with the head of the bed up around 30-45 degrees. The call light was on a table behind the head of the bed along with a hand and wrist splint. R905 was on their back in bed, dressed in a hospital style gown and their waist was down beyond the break for the head of the bed. R905 was asked about their position in bed and noted they can usually use the bed controller and sit themself up. The bed controller was hooked on the head of the bed. R905 did not remove the right hand from under the covers. At 9:52 AM, the (continued on next page)

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	03/05/2026

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	breakfast tray was out of the room, and the head of the bed was around 20-30 degrees. The call light was at the left shoulder. At 12:18 PM, R905 attempted use of the bed control but only was able to get the bed slightly higher. R905 was not able to reach the call light at the left shoulder to activate the call light for assistance. At 3:24 PM, R905 was observed to be on their back in bed as before with the head of the head of bed up around 30-45 degrees. On 03/05/26 at 8:35 AM, staff were observed to enter and exit the room of R905. The call light was under the blankets at the left side of R905. R905 was on their back in bed. At 11:07 AM, R905 continued to be in bed, the room was dark, and the head of bed up around 30-45 degrees. A review of the record for R905 revealed R905 was admitted into the facility on [DATE]. Diagnoses included Alzheimer's, Heart Disease and Chronic Pain. A review of the active care plan documented, I need assistance with my ADLs . Bathing/Showering: I am dependent on staff . Bed Mobility: I require supervision by staff to reposition frequently . Eating: I am able to eat with setup assistance and require encouragement to eat by staff . Toilet use: I am dependent on you .R906On 03/04/26 at 9:07 AM, R906 reported the need for physical therapy. R906 was in bed and dressed. R906 had a dressing on the left foot. R906 expressed that the call lights were not working while pressing the call light multiple times with their thumb. No staff entered during the time of the conversation with R906. R906 noted their clock was not ticking and reported it had not worked for a while. The TV had an informational screen with words but no picture. At 9:47 AM staff were observed to enter the room of R906. At 10:45 R906 continued in their bed. At 12:28 PM, R906 was observed to be seated in a wheelchair with one footrest on the right side, outside their room. R906 was in a corner with their right side next to the wall and handrail. The legs were straight out and R906 had appeared to slide down in the chair, so the buttocks were at the edge of the chair and the shoulders at the top of the low back wheelchair. R906 had a grill cheese sandwich on a plate on a tray table in front of them. R903 reported they wanted to try and sit up but need to lock the wheelchair. R906 used only their right arm to try to push themselves up using the handrail or the arm of the wheelchair. R906 could not reach the brake on the left side of the wheelchair with eighter hand. The left hand and arm did not appear to have the range of motion to set the left brake as R906 reported they were attempting to do. R901 reported they needed someone to help. The aide was assisting a resident to eat in another resident's room; The nurse was in the nursing in office on the computer and the unit manager was out in the main dining area. At 12:40 PM, staff went around the unit to pick up the plates from breakfast. R901 continued in their wheelchair as before. On 03/05/26 at 8:05 AM and 11:07 AM, R906 was observed to be in bed dressed in the same clothes as the day before. The head of the bed was up around 20-30 degrees. At 12:20 PM, R906 was observed to be laying on their back in bed with the head of the bed up around 20-30 degrees. The feet of R906 were on the floor with the back of the knees at the edge of the bed. A review of the record for R906 revealed R906 was admitted into the facility on [DATE]. Diagnoses included Stroke, Heart Failure and Difficulty Swallowing. A review of the active care plan documented, I need assistance with my (Activities of Daily Living) ADLs . Bathing/Showering: I am dependent on you . Bed Mobility: I require substantial assistance by staff . Dressing: I require substantial assistance by staff . Eating: I need supervision by staff . Toilet use: I am dependent on you .R907On 03/04/26 at 9:27 AM, R907 was observed to be in bed in their room. R907 was on their back sitting up in bed with the head of the bed up around 45-60 degrees. R907's call light cord was looped over the call junction box on the wall. R907's bed was oriented perpendicular to and away from the wall the length of the bed plus a few feet. R907 had a hotel style desk bed on their tray table which was across their lap. R907 expressed concerns about getting changed timely when they were wet and pain in their shoulder for which the facility did not consistently do anything. R907 reported they had asked to get changed earlier when they woke up around five AM and it had not been done yet. R907 reported they can hear staff talking but not coming in. R907 was asked about the bell on the tray table and on the first two attempts the bell did not ring. R907 was prompted to tap the bell harder and it rang once and was silent. No staff immediately entered. At 9:45 LPN A entered the room to provide medications to R907. At 10:54 AM and 12:40 PM, R907 was in a similar position as before. (continued on next page)

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	03/05/2026

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 03/05/25 at 8:06 AM, and 11:05 AM, R907 was observed to bed in bed with head of the bed around 20-30 degrees. A review of the record for R907 revealed R907 was admitted into the facility on [DATE]. Diagnoses included Traumatic Brain Injury, Epilepsy and Anxiety. A review of the active care plan documented, I need assistance with my (Activities of Daily Living) ADLs . Bathing/Showering: I am dependent on staff . Dressing: I am dependent on staff . Bed Mobility: I am dependent on staff . Dressing: I require substantial assistance by staff . Eating: I am able to feed myself with setup assistance . Toilet use: I am dependent on you .R908On 03/04/26 at 8:40 AM, R908 was observed to be in bed without pants but wearing a shirt. The call light was looped over the box attached to the wall opposite from R908's bed. R908' bed was against the wall on the left side of the room with the call box on the right wall. A secondary bell was not observed. R908 said they did not think it worked. The wall clock was not running and read 11:20. R908 remarked that the staff had missed giving them a shower on Tuesday and reported their normal shower days were Tuesday and Friday afternoons. R905 reported that staff had not come in to ask if they wanted a shower. R905 remarked there might have been only one nurse aide on for the afternoon. A urinal was hooked on the edge of the trash can and hanging inside the trash can. The urinal was around one third full. R908 commented they use it when they can but does not always feel it when they have to go and has had some accidents. R908 asked if staff should help them when then have accidents and commented was hard to get them to do so.On 03/05/26 at 8:40 AM, R908 was observed to be in bed with their head at the opposite end of the bed from the day before. A radio was on the bed near their head. A hotel desk type bell was observed on the tray table. The call light cord remained across room from bed hooked over the box. R908 reported they had urinated in their brief as they could not feel when they had to go and staff seemed aggravated and did not change it and after while it got wet more and then took them off has it had wet through to their pants also. R908 commented it did not make them feel good to have a wet brief. it was also observed that the clock was not running and read 11:20. At 1:02 the therapy manger reported R908 was currently on the therapy caseload since 01/16/26. R908 was reported to have weight gain and increased lethargy and need a lot of encouragement and setup. The Therapy manager recalled the nurse talked to him about R908 waiting for a brief change on 03/03/26. The Therapy further noted R908 was contact guard (touching) assist for transfer. A review of the record for R908 revealed R908 was admitted into the facility on [DATE]. Diagnoses included Dementia and Diabetes. A review of the active care plan documented, I need assistance with my (Activities of Daily Living) ADLs . Bathing/Showering: I need substantial assistance . Dressing: I require partial assistance . Eating: I am able to feed myself with setup Toilet use: I am dependent .On 03/04/26 at 9:23 AM, Licensed Practical Nurse (LPN) A reported R906 had not mentioned the call light not working. LPN A reported only one nurse was assigned to their unit to care for the 17 patients and that with 24 there is only one nurse assigned. LPN A further noted the call light had not worked properly in a long time and estimated it was more than six months. An audible tone was not heard upon activation of the call lights and the monitor was inside the nurse's office on top of the desk.On 03/04/26 at 10:55 AM, unit manager (UM) B was asked about physician visits by the doctor for R901 and reported they had been working at the facility since July 2025 and had not seen the physician visit. UM B reported the physician's NP did visit. It was further reported the unit had a combination of long term and short-term residents.On 03/04/26 at 12:41 PM, call lights were observed on the unit for the identified residents. The call monitoring station was observed to have two activated lights for rooms [ROOM NUMBERS]. Neither room had a light activated above the door and no chime was audible.On 03/05/26 at 1:21 PM, the call lights in the rooms of R901, R904, R905, R906, R907 and R908 and rooms [ROOM NUMBERS] were checked with the Maintenance Director. All the call lights showed on the monitor in the nurse office. The call for room [ROOM NUMBER] had been on for 20 minutes. LPN A reported the call lights had not been audible for months and thought the monitor should be outside of the office. The Maintenance Director looked at the monitoring station for a volume control, and none was found. On 03/05/26 at 1:37 PM, concerns were reviewed with the administrator and Director of Nursing (DON) (continued on next page)

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	03/05/2026

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	and reported staff are available to meet the needs of the residents. A review of the undated nursing standard operating procedure titled, Bed Mobility revealed, Purpose: To provide improve or maintain the resident's self-performance in moving to and from lying position, turning side to side, and positioning him or herself in bed. A review of the facility policy titled Call Lights revised July 2018, documented, It is the policy of this facility to answer call lights as promptly as possible. The policy did not address the functionality of the call light system.

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	03/05/2026

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intakes 2743619 and 2792857.Based on observation, interview, and record review the facility failed to implement interventions for two residents (R901, R903) of three reviewed for falls. Findings include: R901On 03/04/26 at 8:59 AM and 9:46 AM, R901 was observed to be lying in bed, with the head of the bed up around 20 - 30 degrees and dressed in a hospital style gown. A pillow was under the bottom sheet at the right side. R901 was not supported by the pillow. A mat was on the left side of the bed and a urinary catheter bag hung on the left side of the bed frame toward the foot of the bed. The right side of the bed was against the wall. R901 was oriented with their right side to the wall. The call light was under the covers at the right side of R901. The resident answered questions in a hushed voice. It was not confirmed that R901 was assisted to eat their breakfast meal. R901 was skin and bones with minimal visible muscle tissue to the arms and collar bones and shoulder joints. At 10:28 AM, R901 continued in bed as before. R901's Responsible Party (RP) was at the bedside and expressed concerns for falls and physician visits and staff assistance with the resident's needs. The responsible party reported they had not talked directly to the assigned physician nor the medical practitioners. The RP noted the resident reported the facility was supposed implement a concave mattress with side bolsters help R901 to stay in bed. The RP was unsure how R901 could have fallen out bed and revealed R901 legs were contracted and flexed at the knees so that the heels were at the buttocks. The knees were pointed toward the left side of the bed with the torso turned so the shoulders of R901 rested on the bed. The RP reported they did not feel R901 could move sufficiently to have fallen out of bed onto the floor on their own. R901 did not move the legs independently and had decreased range of motion of the hands, arms and shoulders. The RP reported R901 had open pressure related wounds to both heels, the side of the feet, both hips and the buttocks. The leg anchor for the urinary catheter tubing was not secured to the leg of R901. No low air loss mattress or specialty mattress was in place. At 12:31 PM, R901 continued in bed in a similar position as before with the knees toward the left side. The head of the bed was up around 30 degrees. At 3:20 PM, R901 continued in bed positioned as before. R901's hand and arms moved about but no leg movement was observed.On 03/05/26 at 8:01 AM, R901 was on their back in bed, dressed in a hospital style gown, with the head of the bed up around 20-30 degrees and the knees pointed toward the left with the legs flexed. At 11:05 AM, R901 continued in bed positioned as before. No specialty or low air loss mattress was in place. No pillow was at either side of the torso. The call pad style call light was hanging over the headboard of the bed. At 12:17 PM, R901 continued on their back positioned as before. The call light was over the headboard. A review of the record for R901 revealed R901 was admitted into the facility on [DATE]. Diagnoses included Multiple Sclerosis, Contracture of Muscle Lower Legs and Malnutrition. The progress note dated 01/10/26 at 7:19 PM documented, During morning rounds observed patient laying on floor mat near bedside . A Nurse Practitioner note date 01/16/26 documented, .Post fall continue to maintain and fall prevention protocol . A review of the active care plan documented, I had an actual fall. Date Initiated: 01/10/2026 . reposition resident frequently while in bed Date Initiated: 02/27/2026, Revision on: 02/27/2026, Concave mattress Date Initiated: 01/14/2026, Revision on: 01/21/2026 . A review of the Minimum Data Set (MDS) assessment dated [DATE] documented impaired cognition and the R901 was dependent on staff for all hygiene, toilet needs, dressing, rolling left and right in bed, and transfer to/from chair to bed.R903A progress note dated 01/16/2026 at 7:58 AM, by Licensed Practical Nurse (LPN) E documented, Writer was summoned to resident room and observed resident sitting on the floor with (their) knees (bent). (Range of motion) ROM render (ed) no (complaint of) c/o of any discomfort of pain upon assisted resident in (wheelchair) w/c. Writer observed a hematoma (bruise) to forehead with bleeding superficial laceration and hematoma to left cheek with abrasion. Wound care rendered with pressure, (continued on next page)

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	03/05/2026

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident responding appropriately and was educated not to touch forehead as (R903) kept picking at laceration.A progress noted dated 01/16/26 at 12:16 PM documented, resident had a fall this (AM) in bedroom, resident has a hematoma with laceration on forehead with active bleeding, with 2 cheek abrasions. resident does not complain of pain, but facial expressions show grimacing. Writer contacted granddaughter/guardian with no answer (medical doctor) MD notified and ordered labs . as well as x-rays of spine and skull. [NAME] (neurological assessment) checks initiated. Granddaughter reached out to writer and requested resident be sent to (emergency department) ED for CT Scan .A review of the physician progress noted dated 01/16/26 at 9:15 PM, noted R903 had a frontal hematoma (raised area front of head) and laceration to their head and was up feeding themself when examined and was stable. The physician noted the granddaughter wanted R901 sent to the hospital for scan of the head and therefore R901 was transferred to the hospital. On 03/04/26 at 2:34 PM, LPN G reported R903 tried to be self-sufficient but actually needed assistance and was wheelchair bound due to being unsteady. LPN G noted R903 would often get up to ambulate and disregard redirection and the intervention was to try and keep constantly monitoring R903. LPN G reported they had not witnessed any falls by R901. LPN G reported they did know they had one and went to the hospital and felt R903 did not change once they returned from the hospital. LPN G reported R903 was to be monitored. On 03/04/26 at 2:40 PM, LPN H reported R903 could be combative and would transfer themself in and out of their wheelchair and was generally non-compliant with assistance or following directions. LPN H reported on 01/16/26 the morning nurse found R901 on rounds just after first fall and R903 was sent out from the facility after the fall on 01/19/26 when R903 broke their hip. LPN H was asked why R903 was not sent out immediately after the fall on 01/16/26 and reported the facility likes to try to keep residents in house unless on they are on a blood thinner or had a mental status change. On 03/04/26 at 2:55 PM, Unit manager F reported they had known R903 for more than six months and had not had any prior falls. UM F noted during the week R903 fell three times since 01/16/26 with two on the same day. UM F reported R903 was more active and more difficult to educate, following directions less and suspected a urinary tract infection during the time of the falls. UM F reported they understand the fall on 01/16/26 happened between 6AM and 7AM and was found on the floor during rounds. UM F spoke with the daughter that morning and reported R903 showed no signs of a change in mentation and the daughter requested R903 to be sent out and R903 left the facility sometime after 12 PM. UM F reported after R903 came back the intervention was to keep R903 in the common areas. UM F reported the second fall occurred during an activity in the chapel and the third while in the common area. On 03/05/26 at 10:45, Activity Aide (AA) J reported R903 was in chapel sitting right next to them and just suddenly slid out of the chair. AA J reported they tried to grab R903 but R903 went onto the floor. AA J recalled a cushion in R903's wheelchair but did not recall if they saw any non-slip material (dycem) in the seat. On 03/04/26 at 9:23 AM, LPN A reported the call light had not worked properly in a long time on R901's unit and estimated it was more than six months. No audible tone was heard upon call light activation. R901 was not observed to activate their call light during the survey.On 03/04/26 at 11:49 AM, Certified Nursing Assistant (CNA) C reported R903 has some good and some bad days bad, saying R903 would fight them at times and would not take direction when asked to sit back into their wheelchair. CNA C reported R903 did not have good self-awareness of their needs and abilities. On 03/05/26 at 1:37 PM, the Administrator and Director of Nursing (DON) were asked about the falls experienced by R901 and R903. It was reported that the concave and low air loss mattress for R901 had been ordered two weeks ago. A copy of the order was requested at this time but not received prior to survey exit. The DON reported R903 was known to have severe cognitive deficits, wanted to be independent, would refuse care from staff a lot and at the time of the initial fall there was a more drastic cognitive decline. R903 was moving around more, was less directable and trying get out of their chair more and staff considered R903 may have a urinary tract infection. The DON reported staff were keeping R903 in the common area after the fall in the chapel on 01/19/26 and R903 continued to be impulsive and had a fall from their wheelchair in the (continued on next page)

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	03/05/2026

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	common area later in the day. The DON reported the felt the left hip was injured at that time, and at the hospital R903 was found to have a hip fracture. R903 was admitted into the facility on [DATE]. Diagnoses included Alzheimer's, Dementia, Muscle Wasting and Difficulty Walking. R903's care plan documented, .at risk for falls related to weakness and gait imbalance, poor safety awareness and impulsivity, transfers without assistance, Date initiated 11/28/25. Revised 01/21/26. Interventions documented were: Ensure wheelchair wheels are locked when transferring; Ensure wearing appropriate footwear . need a safe environment . keep bed brakes locked . keep call light in reach . All initiated 11/28/25. The I have had an actual fall care plan initiated 06/23/22, documented interventions: Dycem to wheelchair initiated 11/18/25 .Revision 12/01/25 . Send to ED for CT scan per family request initiate 01/16/26 . be sure call light in reach .initiated 11/18/25 . encourage to lay down after meals .initiated 06/23/22 . encourage to participate in activities .initiated 05/28/24 . ensure wearing appropriate footwear .nonskin footwear .initiated 06/23/22 . need supervision so my whereabouts are known .initiated 05/28/24 . floor mat when in bed .initiated 05/14/24 . A therapy evaluation and therapy screen were also noted initiated in 2022 and 2025 respectively. No additional fall prevention interventions were documented prior to 01/19/26. A review of the undated Director of Nursing Standard Operating Procedure titled, Fall Management Guidelines documented, .12. The (Interdisciplinary Team) IDT will review/modify the plan of care to minimize the risk of repeat falls .

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	03/05/2026

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 - Some	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intakes 2743619 and 2792857.Based on observation, interview and record review the facility failed to ensure call lights were fully functional for six residents (R901, R904, R905, R906, R907, R908) and two rooms of eight resident rooms reviewed for call light function. Findings include: R901On 03/04/26 at 8:59 AM and 9:46 AM, R901was observed to be lying in bed, with the head of the bed up around 20 - 30 degrees. The call light was under the covers at the right side of R901. At 10:28 AM, R901 continued in bed as before. R901's Responsible Party (RP) was at the bedside and expressed concerns for staff assistance with the resident's needs. On 03/05/26 at 8:01 AM, R901 was on their back in bed, the head of the bed up around 20 - 30 degrees. At 8:48 AM, staff were seated bedside. At 11:05 AM, R901 continued in bed positioned as before. The call pad style call light was hanging over the headboard of the bed. At 12:17 PM, R901 continued on their back as before. The call light was over the headboard. R904On 03/04/26 at 8:31 AM, R904 was observed to be eating breakfast in bed. At 9:53 AM, R904 continued in bed as before. At 11:58 AM, R904 was asked about the care and reported the call light did not work. At 3:22 PM, R904 continued in to be in bed. R904 was not observed to be out of bed during the survey.On 03/05/26 at 8:25 AM, R904 was observed to be in bed with the head of bed up around 30-45 degrees. R904 had a hotel style desk bell on the tray table. R904 reported the bell was given to them because the call light did not work. R904 pushed the call button with their thumb to activate the light. No chime was heard. The call monitoring station in the nurse office was observed to have the room number of R904 but no chime or bell was heard. room [ROOM NUMBER] had also been activated. R905 On 03/04/26 at 8:32 AM, R905 was observed to be in bed. The call light was on a table behind the head of the bed. At 9:52 AM, R905 was in bed with the call light at the left shoulder. R905 did not reach the call light when attempted. At 12:18 PM, R905 continued to be in bed. R905 was not able to reach the call light at the left shoulder to activate the call light for assistance. At 3:24 PM, R905 was observed to be on their back in bed. On 03/05/26 at 8:35 AM, staff were observed to enter and exit the room of R905. The call light was under the blankets at the left side of R905. R906On 03/04/26 at 9:07 AM, R906 reported the need for physical therapy. R906 expressed that the call lights were not working while pressing the call light multiple times with their thumb. No staff entered during the time of the conversation with R906. At 9:47 AM staff were observed to enter the room of R906. At 10:45 R906 continued in their bed.R907On 03/04/26 at 9:27 AM, R907 was observed to be in bed in their room. R907's call light cord was looped over the call junction box on the wall. R907 was oriented perpendicular to and away from the wall the length of the bed plus a few feet. R907 had a hotel style desk bed on their tray table which was across their lap. R907 expressed concerns about getting changed timely. R907 was asked about the bell on the tray table and on the first two attempts the bell did not ring. R907 was prompted to tap the bell harder, and it rang once and was silent. No staff immediately entered. At 9:45 LPN A entered the room to provide medications to R907. At 10:54 AM and 12:40 PM, R907 was in a similar position as before.R908On 03/04/26 at 8:40 AM, R908 was observed to be in bed. The call light was looped over the box attached to the wall opposite from R908's bed. R908's bed was against the wall on the left side of the room with the call box on the right wall. A secondary bell was not observed. R908 said they did not think the call light worked. On 03/05/26 at 8:40 AM, R908 was observed to be in bed with their head at the opposite end of the bed from the day before. A radio was on the bed near their head. A hotel desk type bell was observed on the tray table. The call light cord remained across room from bed hooked over the box. On 03/04/26 at 9:23 AM, Licensed Practical Nurse (LPN) A reported R906 had not mentioned the call light not working. LPN A reported only one nurse was assigned to their unit to care for the 17 patients and that with 24 there is only one nurse assigned. LPN A further noted the call light had not worked properly in a long time and estimated it was more than six months. An audible tone could not be heard upon activation of the call light.On 03/04/26 at 12:41 PM, call lights (continued on next page)

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	03/05/2026

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 - Some	were observed on the Transitional Care Unit. The call monitoring station was observed to have two activated light room [ROOM NUMBER] and 110. Neither room had a light activated above the door and no chime was audible.On 03/05/26 at 1:21 PM, the call lights in the rooms of R901, R904, R905, R906, R907 and R908 and rooms [ROOM NUMBERS] were checked with the Maintenance Director. All the call lights showed on the monitor in the nurse office. The call station sat on top of the desk in the office. None off the call light activations triggered an audible sound. The call for room [ROOM NUMBER] had been on for 20 minutes. LPN A reported the call lights had not been audible for months and thought the monitor should be outside of the office. The Maintenance Director looked at the monitoring station for a volume control, and none was found. On 03/05/26 at 1:37 PM, the administrator reported they were not aware of the problem with the call lights. A review of the facility policy titled Call Lights revised July 2018, documented, It is the policy of this facility to answer call lights as promptly as possible. The policy did not address the functionality of the call light system.