

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235014	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/09/2026
NAME OF PROVIDER OR SUPPLIER  The Orchards at Redford		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure a properly functioning communication system which relays the call directly to a staff member or to a centralized staff work area for one (R76) of one resident reviewed for a properly function call light system. Findings include: On 4/7/26 at 9:22 AM, an interview with R76 was conducted and they reported that since they returned from the hospital two weeks ago the call button does not work. R76 reported that the past two nights were extremely rough for them because they needed to use the restroom but depend on staff to assist them to the toilet and when they pushed the call bell no one came in and when staff finally decided to stroll in they were already a big mess (had a bowel movement on themselves). An observation of the room was made, the call light button was on residents' bed and the box for the button was detached from the wall. R76 did not have a bell or any other means to communicate to the facility if assistance was needed. R76 reported that not being able to get in contact with staff makes them feel uneasy at times. A review of the record revealed that R76 was admitted to the facility on [DATE] with a diagnoses of Chronic Obstructive Pulmonary Disease, Obstructive Sleep Apnea and Essential Hypertension. A Minimal Data Set (MDS) assessment completed on 3/30/26 with an brief interview for mental status score (BIMs) of 15 which indicated no cognitive impairment. On 4/8/26 at 11:20 AM, an interview was conducted with Licensed Practical Nurse (LPN) D and they were asked about the call light system and if it was functioning properly. LPN D reported that the call lights were working and that when a resident presses the call light the call goes to their pager and also displays on a screen located in office. LPN D was then asked to go to R76's room and demonstrate how the call light system works. LPN D pressed the call button and there was no alert to the pager they were assigned to. LPN D went to the office and the room number did display on the screen but there was no sound nor pager alert to let anyone know that assistance was needed. LPN D was then asked, was the call light working for this resident, LPN D reported, no. LPP D was not for sure why it was not functioning. The call light/response time policy was requested on 4/9/26 at 10:52 AM but not received prior to exit.</p>

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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0923</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have enough outside ventilation via a window or mechanical ventilation, or both.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation and interview, the facility failed to maintain the mechanical ventilation system, for the [NAME] and North halls, and in the [NAME] soiled utility room. This deficient practice had the potential to affect all residents on the [NAME] and North halls. Findings include: On 04/08/2026 at 9:43 am, the [NAME] soiled utility room was observed with Maintenance Supervisor I. The soiled utility room had a strong, pungent odor. The mechanical ventilation was checked by placing a piece of toilet tissue against the ceiling vent grate. No suction was present, as the piece of toilet tissue did not cling to the ventilation grate cover. Maintenance Supervisor I confirmed that vent was not functional. The mechanical ventilation in the resident bathrooms on the [NAME] and North halls was also checked, and they were found to be non-functional. Maintenance Supervisor I confirmed that the same unit controlled the ventilation for the soiled utility room and the [NAME] and North Hall bathrooms and stated that it might be an issue with the belt.</p>		