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	04/02/2025

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 34208 Based on observation, interview and record review, the facility failed to ensure a dignified dining experience for six residents, of 13 residents reviewed for dining, resulting in the potential for embarrassment and disappointment with the dining experience. Findings include: On 4/1/25 from 12:16 PM until 12:55 PM, an observation of the lunch meal was conducted on the Transitional Care Unit. It was observed R#'s 59, 75, and 21 were seated together at a table. R59 and R75 were served their meals and began eating. R21 was not served their meal with R59 and 75. R59 and R75 finished their meals at 12:30 PM and their plates were collected and returned to the satellite kitchen. At approximately 12:35 PM, R21 was finally served their lunch meal. 38271 On 3/31/25 at approximately 12:15 p.m., Observations of the lunch meal were made and the following was observed: R44 was observed in the TCU (transitional care unit) dining room seated at a table. R44 was observed to have the front of their shirt completely covered in wetness with no clothing protector observed to be on them. The other residents surrounding them were observed to be eating their lunch meal with R44 watching them eat. At approximately 12:19 p.m., R44's meal ticket was observed and revealed the following: feeding assist No straws. At that time, three other residents observed at R44's table eating the lunch meal. R44 was still observed to be watching the other residents eat without being assisted with their meal. Only one resident at table was provided a beverage with the meal at that time. At approximately 12:24 p.m., R21 was observed in the TCU dining room seating at the dining table. R21 was observed to have their food in front of them without any feeding assistance being provided and unable to consume the meal on their own. Multiple other residents were observed eating their lunch meal. At approximately 12:26 p.m., R44 was finally served a beverage, but it contained a straw with it. At approximately 12:29 p.m., Nurse C observed trying to assist R44 with eating their meal, but was observed standing up next to them while proving the eating assistance to R44. (continued on next page)

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

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	04/02/2025

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 3/31/25 at approximately 12:30 p.m., observations of the main dining room's lunch meal was conducted and the following was observed: At approximately 12:34 p.m., Two residents were observed eating the lunch meal with two other residents (R36 and R53) were observed to be watching them eat without being served their meal. At approximately 12:38 p.m., Certified Nursing Assistant G (CNA G) was queried why R36 and R53 had to watch other residents at their table eat the meal when they were not and CNA G reported (within hearing range of R36 and R53) that they were both feeders and have to wait for staff to help them. On 4/2/25 at approximately 11:43 a.m., during a conversation with the Administrator, The Administrator was informed of the observations that had been noted in both of the dining rooms on 3/31/25. The Administrator indicated that clothing protectors should be provided and that residents seated at the same table should be served the meal at the same time and staff should be mindful of who needs assistance with eating. The Administrator indicated they had recently started in the facility and they were looking at refining some processes for the dining rooms and communication with the resident Greenhouses. On 4/2/25 a facility document titled Resident Dignity and Personal Privacy was reviewed and revealed the following: Policy-The facility provides care for residents in a manner that respects and enhances each resident ' s dignity, individuality, and right to personal privacy. Fundamental Information Each resident ' s right to personal privacy includes the confidentiality of his or her personal and clinical affairs. Dignity means that when interacting with residents, staff carries out activities that assist the resident in maintaining and enhancing his or her self-esteem and self-worth .

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	04/02/2025

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34208 Based on observation, interview, and record review, the facility failed to ensure urinary catheter care, assessment and monitoring was provided for one resident, (R66) of three residents reviewed for catheter care, resulting in the development of a urinary tract infection. Findings include: On 3/31/25 at 2:13 PM, R66 was observed in their bed. R66 was awake and alert, however; they did not respond to attempts at verbal conversation. It was observed R66 had an indwelling urinary catheter. The tubing connected to the collection bag revealed dark, cloudy urine with sediment built up in the tubing. A review of R66's clinical record revealed they admitted to the facility on [DATE] and most recently readmitted on [DATE]. R66's diagnoses included: respiratory failure, epilepsy, protein calorie malnutrition, neuromuscular dysfunction of the bladder and urinary tract infection. A review of R66's physician's orders, medication administration records, treatment administration records, and certified nurse aide tasks was conducted and did not reveal any orders or documentation for catheter care, assessment and monitoring. R66's physician's orders were noted to include an order dated 3/28/25 for Ciprofloxacin (antibiotic treatment for UTI) 500 milligrams every 12 hours for, UTI (urinary tract infection) for 7 days. Continued review of R66's record revealed the following notes: A nurses note dated 3/24/25 at 9:03 PM that read, .Urine collected this shift for U/A (urinalysis) C&S (culture and sensitivity) . A nurses note dated 3/27/25 at 3:36 PM that read, UA (urinalysis) returned, Large <sic> amount of Blood <sic> and Leukocytes <sic> (white blood cells) .Doc (Doctor) made aware order given to await Culture <sic> . A nurse note dated 3/28/25 at 12:54 PM that read, .Urine Culture High for bacteria, with susceptibility of Cipro (ciprofloxacin, antibiotic medication), Doc made aware order given to initiate ABT (antibiotic therapy) . On 4/1/25 at 3:05 PM, an interview was conducted with the facility's Director of Nursing. They were asked about catheter assessment, care and monitoring and said an order should be written and documentation of the care provided would be entered by the assigned nurse on the treatment administration record. A review of a facility provided policy titled, Indwelling Catheter Care was conducted and read, .Routine catheter care helps prevent infections and other complications, and is usually performed daily . The policy did not include documentation of the care provided.

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	04/02/2025

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34208 Based on observation, interview, and record review, the facility failed to ensure nutritious meals, and provide ongoing assessment and monitoring for weight loss for one resident, (R44) of four residents reviewed for nutrition resulting in weight loss. Findings include: On 3/31/25 at 12:27 PM, an observation of the lunch meal on the Transitional Care Unit was conducted. R44 was observed seated at the table with their pureed lunch meal in front of them. Their meal consisted only of a pureed sweet potato and an unidentifiable light greenish/tan pureed food. R44 was observed to be given one-to-one assistance from Certified Nurse Aide (CNA 'B') with the meal. CNA 'B' was asked what the unknown pureed item was and said they did not know. They further indicated R44 was a vegetarian and did not receive pork that was on the menu for that day. Staff in the satellite kitchen on the unit were asked what R44 was served and said they were served a pureed sweet potato and pureed cabbage with green beans. On 4/1/25 at 8:15 AM, R44 was observed in their bed asleep. At their bedside their breakfast meal contained only a bowl of grits and a bowl of a pureed waffle. On 4/1/25 at 12:20 PM, a second observation of the lunch meal on the Transitional Care Unit was conducted. R44 was observed seated in the dining room receiving one-to-one assistance with their lunch meal from Nurse 'A'. Nurse 'A' was asked what R44 received for lunch and said they received tomato soup and pureed lima beans. At the conclusion of the meal at approximately 12:45 PM, it was observed R44 was not provided with the dessert on the menu for the day. A review of R44's clinical record revealed the admitted to the facility on [DATE] and most recently readmitted on [DATE] after a less than twenty-four hour stay at the hospital. R44's diagnoses included: stroke, high blood pressure, anemia, major depressive disorder, and vascular dementia. R44's Minimum Data Set assessment indicated they had severely impaired cognition and required substantial/maximal assistance with eating. A review of R44's care plan for nutrition was reviewed and indicated they liked eggs and cottage cheese. A review of R44's documented weights was conducted and revealed the following: 10/3/24 118.8 lbs. 11/6/24 115.0 lbs. 12/13/24 108.0 lbs. 1/06/25 105.4 lbs. 1/15/25 105.4 lbs. (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	04/02/2025

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of a Nutrition/Dietary Note dated 12/30/25 was reviewed and read, .Weight Loss: recommend weekly weight x four weeks to monitor. It was noted R44 had only two weights obtained in the four week recommendation period. It was further noted there were no re-weights obtained when there were deviations from the previous obtained weight. A review of a Nutrition/Dietary Note dated 2/24/225 was reviewed and read, .Annual Assessment .Diet: Regular, Pureed textures, nectar thick liquids. Prefers Vegetarian meals .CBW (current body weight) 105.4# (pounds) .-7.5% change [Comparison Weight 11/6/2024, 115.0 Lbs, -8.3% , -9.6 Lbs]-10.0% change [Comparison Weight 7/23/2024, 121.0 Lbs, -12.9% , -15.6 Lbs] . It was noted this assessment conducted February 2024 used the previously documented weight from January 2024 since there was no weight obtained in February. A review of a Nutrition Dietary Note dated 3/21/2025 was reviewed and read, Note Text: Significant Weight loss .Diet Regular, Pureed textures, nectar thick liquids. Prefers Vegetarian meals .CBW (current body weight) 93# (93 lbs) .-7.5% change [Comparison Weight 1/6/2025, 105.4 Lbs, -11.8% , -12.4 Lbs]; -10.0% change [Comparison Weight 10/3/2024, 118.8 Lbs, -21.7% , -25.8 Lbs] . Res. (Resident) was triggered for significant weight loss at 3 and 6 months. Res. remains on pureed textures, nectar thick liquids, r/t Dysphagia . On 4/2/25 at 10:20 AM, an interview was conducted with Certified Dietary Manager (CDM) 'E'. They were asked about R44's vegetarian diet and said R44 received the starch and vegetable menu offerings but not the meat. They were asked if they replaced the protein from the meals with any other menu items such as yogurt or cottage cheese and said they had in the past and they should again. They were then asked if they thought a sweet potato and cabbage or tomato soup and lima beans would be considered a nutritious meal and said no. They were also asked if R44 should have received the dessert item on 4/1/25 and said they should. CDM 'E' was then asked why R44 did not have weekly weights recommended 12/30/24, a documented weight in February 2024, and why their assessment dated [DATE] used the weight obtained in January, and they had no responsive. Finally, CDM 'E' was asked about the facility's policy regarding re-weights and said they didn't know how many pounds deviation required a re-weight but they would find out. A review of a facility provided policy titled, Weight Management was conducted and read, Residents will be monitored for significant weight change on a regular basis. Residents are expected to maintain acceptable parameters of nutritional status .2. Weight residents upon admission .then monthly .3. Monthly weights will be completed by the 10th of the month .6. Ensure that each resident identified with significant weight change is on a weekly schedule . A review of a second facility provided policy titled, Unintended Weight Change was conducted and read, . Resident with unintended weight loss/gain will be assessed by the interdisciplinary team and interventions will be implemented to prevent further weight loss/gain .3. Re-weights are initiated for a five pound variance if the resident is > (greater than) 100 pounds and for a three pound variance if < (less than) 100 pounds. Re-weights will be done within 24 (hours) .

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	04/02/2025

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34208 Based on observation, interview, and record review the facility failed to ensure tube feeding formula was delivered at the physician ordered rate for one resident, (R73) of two residents reviewed for tube feeding. Findings include: On 3/31/25 at 11:00 AM, R73 was observed in their room in bed, asleep. R73 was receiving tube feeding formula via pump. The pump was observed to be programmed to deliver the formula at a rate of of 70 mL (milliliters) per hour. On 4/1/25 at 8:19 AM and 11:00 AM, additional observations were made of R73 receiving tube feeding via pump. The pump was observed to be programmed to deliver the formula at 70 mL per hour. The bottle of formula being delivered was observed to have a delivery rate of 75 mL per hour written on it. A review of R73's clinical record revealed they admitted to the facility on [DATE] with diagnoses that included: acute respiratory failure, stroke, aspiration pneumonia, presence of a tracheostomy and a feeding tube. A review of R73's physician's orders was conducted and revealed an order dated 3/27/25 for tube feeding formula to be delivered at a rate of 75 mL per hour. On 4/2/25 at 10:20 AM, an interview with Certified Dietary Manager (CDM) 'E' was conducted and they were asked to confirm R73's tube feeding rate. They reviewed the orders and said the delivery rate was supposed to be 75 mL per hour. They were made aware of the rate programmed into the pump on 3/31/25 and 4/1/25 and said it was programmed incorrect and the pump should have been set to deliver the formula at 75 mL per hour. A review of a facility provided policy titled, Enteral Nutrition Guidelines was conducted and read, .6. Once an enteral tube (feeding tube) is in place, a physician's order should be obtained for the type of enteral fluid to be used including: The name of product to be used. The rate and/or timing of administration .9. The nurse administers the enteral feeding regimen according to formula, system type, and method of delivery ordered by the physician .

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	04/02/2025

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 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide medically-related social services to help each resident achieve the highest possible quality of life. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38271 Based on observation, interview and record review, the facility failed to ensure an incapacitated resident (R17) was provided a legally authorized representative to make informed healthcare decisions of one residents reviewed for medically related Social Services. Findings include: On 3/31/25 at approximately 10:55 a.m., R17 was observed in room up in wheelchair. R17 was observed to have difficulty communicating and was unable to answer questions. On 4/1//25 the medical record for R17 was reviewed and revealed the following: R17 was initially admitted to the facility on [DATE] and had diagnoses including Cerebral Palsy and Polyneuropathy. A review of R17's MDS (minimum data set) with an ARD (assessment reference date) of 3/18/25 revealed R17 needed assistance from facility staff with their activities of daily living. R17's BIMS score (brief interview for mental status) was 10 indicating moderately impaired cognition. A review of R17's comprehensive careplan revealed the following: Focus-Cognition: I have impaired cognitive functioning or impaired thought processes related to a diagnosis of cerebral palsy and vascular dementia, moderate, with mood disturbance. I display short term memory impairment. Date Initiated: 06/29/2023 .Interventions-I need assistance with all decision making. Date Initiated: 06/29/2023 . A facility document titled decision making capacity signed by the Physician on 7/24/24 and the Psychologist on 7/19/24 was reviewed and documented that R17 did not have the capacity to make informed medical decisions. A review of the Social Service progress notes revealed the following: 10/16/2023-Writer called resident's niece in regard to POA (Power of Attorney) documentation. Resident's niece had previously provided financial POA documentation but not medical. Writer left a voicemail inquiring about documentation. A review of R17's provided POA documentation in their record revealed R17 did not have any POA-H (healthcare decision making) documentation. Further review of the record revealed no letters of guardianship or any other documentation authorizing a legal representative to make informed healthcare decisions on behalf of R17. A review of R17's demographic face sheet indicated R17 had no legally authorized representative for healthcare decision making. R17's niece was noted as only being responsible party (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	04/02/2025

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 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/2/25 at approximately 9:39 a.m., during a conversation with Social Worker H (SW H), SW H was queried regarding what department had the responsibilities of obtaining a legal representative for decision making and they reported it was the Social Services. SW H was queried if R17 had a DPOA-H (durable power of attorney-healthcare) or legal guardian in place to make informed healthcare decisions for them since they had been deemed incapacitated since July 2024. SW H reported that R17 did not have any healthcare-power of attorney or legal guardianship in place and that R17's niece was making healthcare decisions for them without any legal documentation. SW H indicated that R17's nice could make informed decisions but could not withdrawal any treatments on behalf of R17. SW H was queried why the Social Services department had not secured a legally authorized representative to make or decline consent for healthcare decisions and they reported that they had just started the process to get residents guardianship. On 4/2/25 a document provided by the facility was reviewed and revealed the following: 400.66h hospitalization ; consent to surgical operation, medical treatment; first aid. Sec. 66h. Nothing in this act shall be construed as empowering any physician or surgeon, or any officer or representative of the state or county departments of social welfare, in carrying out the provisions of this act, to compel any person, either child or adult, to undergo a surgical operation, or to accept any form of medical treatment contrary to the wishes of said person. If the person for whom surgical or medical treatment is recommended is not of sound mind, or is not in a condition to make decisions for himself, the written consent of such person's nearest relative, or legally appointed guardian, or person standing in loco parentis, shall be secured before such medical or surgical treatment is given. This provision is not intended to prevent temporary first aid from being given in case of an accident or sudden acute illness where the consent of those concerned cannot be immediately obtained. Further review of the act language that was provided, indciated the provided section was for hospitalization and did not include any language that absolved the responsibility of the facility to advocate for and obtain a legally authorized representative for a long term care resident that had been deemed incapacitated to make informed decisions. No documentation that R17 was been provided a legally authorized representative to consent/decline/withdrawal informed healthcare decisions was provided by the end of the survey.

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	04/02/2025

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38271 Based on observation, interview and record review the facility failed to ensure two residents (R44 and R69) were provided the option of an alternate entree, beverages and preferred deserts during the scheduled meals. This deficient practice has the potential to affect all of the 78 residents who eat meals prepared and served by the kitchen. Findings include: On 3/31/25 at approximately 12:15 p.m., Observations of the lunch meal were made and the following was observed: R44 was observed in the TCU (transitional care unit) dining room seated at a table. R44 was observed to have the front of their shirt completely covered in wetness with no clothing protector observed to be on them. The other residents surrounding them were observed to be eating their lunch meal with R44 watching them eat. At approximately 12:19 p.m., R44's meal ticket was observed and revealed the following: feeding assist No straws. At that time, three other residents observed at R44's table eating the lunch meal. R44 was still observed to be watching the other residents eat without being assisted with their meal. Only one resident at table was provided a beverage with the meal at that time. None of the other residents were provided a desert or beverage for the meal. At approximately 12:26 p.m., R44 was finally served a beverage, but it contained a straw with it. On 4/01/25 at approximately 12:31 p.m., during observations of the lunch meal in the [NAME] House Certified Nursing Assistant I (CNA I was queried why none of the residents eating the lunch meal were offered a desert with their lunch and they reported they (the staff) are never provided the deserts from the kitchen so the residents who live in the greenhouses do not get them. CNA I was queried pertaining to any alternate menus/entrees in the greenhouses and they reported that they get the ingredients/food from the main kitchen and then cook the entree in one of the houses. CNA I reported there are no alternate menus for the residents that resident in the Greenhouses. CNA I indicated all they had to offer the greenhouse residents was a bacon sandwich because that's all they had in the refrigerator. CNA I was queried again if they had an always available list of items or an alternate entree and they indicated they did not and all they had was bacon and if the residents did not want that, then they did not have anything else to offer them. On 4/01/25 at approximately 12:34 p.m., R69 was observed at the dining room table with their lunch meal not consumed. R69 was queired why they were not eating, and they reported they did not like the pot pie that was served. R69 indicated they would have some of the bacon that CNA I was going to make because that's the only thing they had left to eat. R69 was queried if they would have liked some desert and they indicated they would have, but did not get any. 34208 (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	04/02/2025

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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 3/31/25 at 12:27 PM, an observation of the lunch meal on the Transitional Care Unit was conducted. R44 was observed seated at the table with their pureed lunch meal in front of them. Their meal consisted only of a pureed sweet potato and an unidentifiable light greenish/tan pureed food. R44 was eventually offered one-to-one assistance from Certified Nurse Aide (CNA 'B'). CNA 'B' was asked what the unknown pureed item was and said they did not know. They further indicated R44 was a vegetarian and did not receive pork that was on the menu for that day. Staff in the satellite kitchen on the unit were asked what R44 was served and said R44 was served a pureed sweet potato and pureed cabbage with green beans. On 4/1/25 at 12:20 PM, a second observation of the lunch meal on the Transitional Care Unit was conducted. R44 was observed seated in the dining room receiving one-to-one assistance with their lunch meal from Nurse 'A'. Nurse 'A' was asked what R44 received for lunch and said they received tomato soup and pureed lima beans. At the conclusion of the meal at approximately 12:45 PM, it was observed R44 was not provided with the dessert on the menu for the day. During the observation of the lunch meal, eight residents were observed in the dining room. At the conclusion of the meal, only two of the eight residents received the dessert (chocolate cake) item on the menu. At 12:55 PM, an interview was conducted with R281 and they were asked if they received dessert and said they did not, stating, That's not fair. On 4/2/25 a facility document titled Menus was reviewed and revealed the following: Standard: Menus will be planned in advance to meet the nutritional needs of the residents/ patients in accordance with established national guidelines. Menus will be developed to meet the criteria through the use of an approved menu planning guide. Guidelines: 1. Menu cycles will be developed and tailored to the needs and requirements of the facility. 2. Menus will be periodically presented for resident review, including the resident council, menu review meetings, or other review board as indicated by the center. The menu will identify the primary meal, the alternate meal, and any always offered food and beverage items. 3. Menu cycles will include standardized recipes. Recipes must be followed and scaled apporiately. 4. Menu cycles will include nutrient analysis to ensure that all client (adolescent, adult, geriatric) nutritional needs are met in accordance with the most recent edition of the Food and Nutrition Board, Institute of Medicine, National Academies, and the Dietary Guidelines for Americans, 2015-2020 edition. 5. A Registered Dietitian/Nutritionist (RDN) or other clinically qualified nutrition professional reviews and approves the menus. The RDN or other clinically qualified nutrition professional will adjust the individual meal plan to meet the individual requests, including cultural, religious, or ethnic preferences, as appropriate. 6. Menus will be served as written, unless a substitution is provided in response to preference, unavailability of an item, or a special meal. 7. A menu substitution log will be maintained on file. 8. Menus will be posted in the Dining Services department, dining rooms and resident/patient care areas. 9. Menus are kept on file per state regulations .

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	04/02/2025

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 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38271 Based on observation, interview and record review, the facility failed to ensure post-dinner snacks were available and offered for 18 residents residing in the [NAME] Houses of a total of a total census of 78. Findings include: On 4/01/25 at approximately 12:31 p.m., during observations of the lunch meal in the [NAME] House Certified Nursing Assistant I (CNA I) was queried regarding post-dinner snacks for the residents in the [NAME] Houses. CNA I reported they did not have any snacks because the kitchen never sends them over to the houses. CNA I indicated that the kitchen is run by different staff and they do not give any snacks to the residents. On 4/01/25 at approximately 12:51 p.m., [NAME] House Manager F (GHM F) was queired regarding snacks for after the dinner meal and they reported the [NAME] Houses are not provided snacks from the Kitchen because the kitchen staff do not have a contract with the [NAME] Houses. GHM F was queried if they could remember the last time the [NAME] houses were provided evening snacks, and they indicated they have not had any snacks in a long time and could not remember the last time the main kitchen had been able to provide them with snacks. On 4/2/25 a facility document titled HS (evening) snacks was reviewed and revealed the following: Standard: Snacks and beverages will be provided as identified in the individual plans of care. Bedtime (a.k.a. HS) snacks will be provided for all residents. Additional snacks and beverages will be available upon request for all residents who want to eat at non-traditional times. Guidelines: 1. The Dining Services department will collaborate with the residents/patients, nursing and management team to identify necessary beverage and snack items to be provided to each resident/patient. 2. The Dining Services department assembles on a daily basis snack items (food and beverages) for delivery to each resident/patient care area. 3. Snacks will be assembled, labeled, and dated in accordance with the individual plan of care for each resident and those items will be delivered to patient care areas in a timely manner. 4. The Dining Services department will assemble and deliver to each unit the individually planned snack items and bulk snack items to be offered at bedtime. 5. The Dining Services department provides a listing of the current diet orders and snacks for each resident to each care area. 6. Nursing Services is responsible for delivering the individual snacks to the identified residents and for offering evening snacks to all other residents. 7. All snacks will be properly stored for time and temperature control, as appropriate. 22960 (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	04/02/2025

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 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 4/1/25 at 12:30 PM, the kitchen in the [NAME] House was observed with [NAME] House Manager (GHM) F. It was observed that there was an empty basket on the counter for snacks. In the refrigerator, there were 2 apple sauce cups, an opened package of bacon and a jar of mayonnaise. When queried about snacks for the residents, GHM F stated that the main kitchen will not give them any snacks. GHM F stated that they only give them enough food to prepare for the meals. GHM F stated, Even those 2 apple sauce cups in the refrigerator are saved for medication pass. GHM F stated that the residents are hungry, and that staff often buy snacks with their own money to feed the residents. Further review of the cupboards and dry storage area revealed no other food items. GHM F stated they don't even have a jar of peanut butter or lunch meat to make sandwiches. GHM F showed this surveyor a text message that had been sent to Certified Dietary Manager (CDM) E asking when they were going to get snacks for the [NAME] Houses, because the residents were hungry. There was no response from CDM E. On 4/1/25 at 1:45 PM, CDM E was queried about the provision of snacks to the residents that reside in the [NAME] Houses. CDM E stated that snacks were not really her responsibility, and referred this surveyor to speak to someone in the main kitchen.

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	04/02/2025

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22960 Based on observation, interview, and record review, the facility failed to prepare food in accordance with professional standards for food service safety. This deficient practice had the potential to result in food borne illness among all residents of the [NAME] House that consume food from the kitchen. Findings include: On 04/01/25 at 12:45 PM, the [NAME] House dish machine was checked with [NAME] House Manager F. The dish machine was a low temperature, chemical sanitizing dish machine. When asked how staff checks the dish machine for sanitization, [NAME] House Manager F pointed to a dish machine log, and some Smart Power test strips (test strips used to test the levels of DDBSA and lactic acid sanitizer). Observation of the chemicals for the dish machine showed 1 bottle of liquid detergent, and 2 bottles of liquid rinse aide, hooked up to the automatic chemical dispenser for the dish machine. There was no sanitizer attached to the dish machine, to ensure that dishes were being sanitized. When asked how staff was checking for sanitizer level, when there was no liquid sanitizer hooked up to the dish machine, [NAME] House Manager F had no explanation. When asked why staff were using Smart Power test strips, which were for a chemical that was not being used, [NAME] House Manager F stated I'm not sure where those test strips came from. [NAME] House Manager F retrieved a bottle of chlorine sanitizer from the [NAME] House, and brought it to the [NAME] house. [NAME] House Manager F replaced the bottle of liquid rinse aid with the bottle of liquid chlorine sanitizer. [NAME] House Manager F then turned on the dish machine and tried to test with a chlorine test strip, but the strip did not change color to denote the presence of sanitizer. [NAME] House Manager F stated she would call maintenance to fix it. According to the 2017 FDA Food Code section 4-501.114 Manual and Mechanical Warewashing Equipment, Chemical Sanitization-Temperature, pH, Concentration, and Hardness, A chemical SANITIZER used in a SANITIZING solution for a manual or mechanical operation at contact times specified under 4-703.11(C) shall meet the criteria specified under S7-204.11 Sanitizers, Criteria, shall be used in accordance with the EPA-registered label use instructions, P and shall be used as follows: (A) A chlorine solution shall have a minimum temperature based on the concentration and PH of the solution as listed in the following chart; P.

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	04/02/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34208 Deficient Practice #1 Based on observation, interview and record review, the facility failed to ensure enhanced barrier precautions (EBP) were in place and implemented by staff for one resident, (R66) of one resident reviewed for EBP, resulting in the potential for the development of infection. Findings include: On 3/31/25 at 10:45 AM, R66 was observed in their bed. R66 was not responsive to attempts at verbal communication. At that time, R66 was observed to have a urinary catheter, a feeding tube, a tracheostomy, and was receiving oxygen through a tracheostomy mask. An observation of the door to R66's room from the hallway did not reveal any signage to indicate R66 was on enhanced barrier precautions. On 3/31/25 at 1:55 PM, Nurse 'C' and Certified Nurse Aide (CNA) 'B' were observed entering R66's room; they did not don an isolation gown or gloves prior to entering the room. At approximately 1:59 PM, entry was made into the room. Nurse 'C' was observed in the room and CNA 'B' had used the adjoining bathroom to enter the room next door. At that time, Nurse 'C' was asked what type of care was being provided and said they were in the room cleaning the tube feeding pump and pole. They were asked if they provided any care to R66 and said they did not, but CNA 'C' had provided incontinence care prior to going next door. An observation of the trash can did not reveal any used personal protective equipment (PPE). On 4/1/25 at 9:56 AM, Nurse 'A' was observed in R66's room preparing a nebulizer treatment. After the preparation of the treatment, Nurse 'A' was observed to administer the breathing treatment via a facemask through R66's tracheostomy. Nurse 'A' was not observed to be wearing an isolation gown. On 4/1/25 at 3:05 PM, an interview was conducted with the facility's Director of Nursing (DON)/Infection Control Nurse. They were asked if R66 should be identified as requiring EBP and said they should. A review of a facility provided policy titled, Enhanced Barrier Precautions (EBP) was conducted and read, . The Enhanced Barrier Precautions (EBP) guidance expands to residents that trigger the use of EBP and indicates it should be followed for any resident in the facility ' s with: .Has an indwelling catheter for the duration of their stay .The EBP requires the use of gowns and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing .Examples of high-contact resident care activities requiring gown and glove use among residents that trigger EBP use include: .Device care or use: central line, urinary catheter, feeding tube, tracheostomy care/ventilator . Deficient Practice #2 Based on observation, interview, and record review, the facility failed to store linens in a sanitary manner. This deficient practice had the potential to affect 13 residents on the [NAME] Unit. (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	04/02/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 4/1/25 at 9:25 AM, a clean linen cart with a light blue plastic style covering was parked in the hallway outside room [ROOM NUMBER]. The top of the linen cart was observed to have a foam cup of a red beverage sitting on it. The back of the cover was lifted up and draped over the the top of the cart revealing supplies on the cart. Among the clean linen supplies was a large, blue plastic water bottle with ice water sitting on a stack of towels. Further inspection of the linen cart cover revealed brown stains drip dried down the side toward the bottom and on the back of the cover. It was further noted the cover had numerous holes. During the observation of the cart, Certified Nurse Aide (CNA) 'D' came out of room [ROOM NUMBER]. They were asked if they were using the cart and said they were. They were then asked if the water bottle stored in the cart was theirs and said it was. Next, they were asked where would be an appropriate place to store their personal water bottle and said it should have been in refrigerator, not on the clean linen cart. On 4/1/25 at 2:55 PM, the linen cart was again parked outside room [ROOM NUMBER]. The cover remained with the soiled brown stains and numerous holes. The top of the cart had two boxes of gloves, a toothbrush, and a tube of toothpaste stacked on it. On 4/1/25 at 3:05 PM, an interview was conducted with the facility's Director of Nursing (DON)/Infection Control Nurse. They were asked about the condition of the linen cart and cover and said nothing should be stored on top of the cart, staff should not store any of their personal items in the cart and the cover would be inspected for replacement. On 4/2/25 at approximately 1:30 PM, an observation of the linen cart on the [NAME] unit was conducted. The cover remained with the soiled brown stains and holes. At 1:33 PM, the DON said the Contract Company for housekeeping services tried to replace the cover but they did not have one that fit correctly. They were asked if anyone attempted to clean the brown stains from the cover and said they told housekeeping staff to clean it when it was brought to their attention on 4/1/25. They were made aware the linen cover remained with the stains and then said they were going to clean the cover themselves. A review of a facility provided policy titled, Sanitizing Linen Carts was reviewed, however; the policy did not address the cleanliness of the cart covers, staff storing food/beverages in the cart, or storage of items on the top of the cart.

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	04/02/2025

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 - Some	Make sure that a working call system is available in each resident's bathroom and bathing area. 38271 Based on observation, interview and record review, the facility failed to ensure an environment with a functioning resident call system for four residents (R10, R16, R17 and R41) of seven residents reviewed for environmental concerns, of a total census of 78. Findings include: On 3/31/25 at approximately 9:11 a.m., R10 was observed in their room, up in their bed. R10's bathroom was observed to have an alert pull-cord tied to a non functioning piece of plastic on the alert box next to their toilet, rendering the cord to be unable to be used to call for assistance if needed. On 3/31/25 at approximately 10:55 a.m., R17 was observed in their room, up in their wheelchair. R17's bathroom was observed to have the Shower pull-cord that was connected to the alert system tied to a solid plastic piece on the box in a non-functional position, rendering the cord to be unable to be used to call for assistance if needed. On 3/31/25 at approximately 11:18 a.m., R41 was observed in their room, laying in their bed. R41's bathroom was observed to have a shower with the shower pull-cord detached from the alert system rendering it unable to be used by R41 or staff to call for assistance if needed. On 4/1/25 at approximately 8:44 a.m., R10 was observed in their room, laying in their bed. R10's pull-cord located next to their toilet was still observed tied to the end of the box in a non functioning position. R10's pull cord activator was not observed to have a cord attached to it to pull for assistance. On 4/1/25 at approximately 9:20 a.m., R41 was observed in their room, up in their bed. R41's shower was observed to contain their wheelchair and geri- chair. R41's shower pull-cord was not observed present on the alert activator. On 4/1/25 at approximately 9:25 a.m., R17's pull-cord for their call/alert system in their shower was observed wrapped around the grab bar and detached from the activator. On 4/1/25 at approximately 9:31 a.m., R17's call light in their room was tested with no response. the system did not flash on the door or on the system monitor. On 4/2/25 at approximately 11:57 a.m., The room for R10 was observed with Maintenance Director K (MD k). MD K was shown the alert pull-cord not attached to the activator on the toilet and they indicated that whoever installed the cord did it wrong and did not put it through the right hole on the alert box. On 4/2/25 at approximately 12:03 p.m., MD K was shown R41's room that did not contain a pull-cord attached to there alert box on the shower. MD K reported that they would have to put a new cord on it to make it functional. (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	04/02/2025

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 - Some	On 4/2/25 at approximately 12:04 p.m., R17's room pull-cord was reviewed with the MD K and they reported that the alert box next to R17's bed had a dead battery and that was why why alert system was not working. On 4/2/25 at approximately 12:06 p.m., R16's pull-cord was tested in their room and was observed to be non-functioning with the light next to the door and the monitor not indicating the cord had been pulled. MD K indicated it was the same thing that had occurred in R17's room in which the battery was dead in the alert light box. MD K reported that nobody had made them aware of the need for the alert systems to be fixed in any of the resident rooms.