

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235266	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER The Orchards at Southgate		STREET ADDRESS, CITY, STATE, ZIP CODE 15400 Trenton Road Southgate, MI 48195	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>32000</p> <p>Based on observation and interview the facility failed to provide a safe, functional, and sanitary environment for the facilities census of 80 residents and its staff resulting in an increased potential for harm.</p> <p>Findings include:</p> <p>On 8/7/24 between 1:32 PM, and 2:18 PM, during an environmental tour of the facility the following observations were made:</p> <p>Cracked and damaged floor tiles with missing pieces were observed in the elevator, in the first floor soiled utility room, and in the laundry room near the washing machines.</p> <p>Three shaving razors with their protective caps removed, a squeeze bottle of soap, and two used shaving cream containers were observed on the outer rim of the second floor's shower rooms designated handwashing sink.</p> <p>One chemical spray bottle containing a yellow liquid, and one chemical spray bottle containing a purple liquid were observed unlabeled and available for use in the soiled holding portion of the laundry room.</p> <p>On 8/7/24 at 1:39 PM, upon interview with Maintenance Director, staff B, regarding the current state of the elevator flooring they stated, I'm not sure if I can do those repairs because they are in the elevator, or if I need to get an elevator contractor out here. I'll look into it.</p> <p>On 8/7/24 at 1:47 PM, upon interview with staff B regarding the current state of the second floor's shower room they stated, I'm not sure why it was left like this. I know some residents will come in here without supervision. I'll clean this up now.</p> <p>On 8/7/24 at 1:59 PM, upon interview with staff B regarding the unlabeled chemical spray bottles they stated, they all know they should be labeled.</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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