STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235266	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Orchards at Southgate	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. (continued on next page)

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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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to develop an individualized anticoagulant (a blood thinner that prevents blood clots from forming but increase the risk of bleeding) comprehensive care plan for one resident (R103) out of five residents reviewed for injuries of unknown origin. Findings include:On 8/20/25 at 10:13 AM, R103 was observed awake and sitting in a wheelchair in her room. When asked how she was doing, R103 stated that this morning a CNA (Certified Nurse Aide) asked her about bruises on her upper right arm and lower left leg. R103 said she had no idea how the bruises got there. During an observation and interview on 8/20/25 at 10:17 AM of R103's right arm and left leg, Licensed Practical Nurse (LPN) B said R103 has a circular bruise on the upper outside of her right arm and a bruise just below the left knee. LPN B said the bruise on the arm was purple and yellow. The knee bruise was purplish. R103 again reiterated that the CNA that assisted her getting dress this morning mentioned the bruises to her. LPN B reviewed R103's electronic health record (EHR) and confirmed there were no progress notes regarding R103's bruises. During an observation and interview on 8/20/25 at 10:23 AM of R103's right arm and left leg, Unit Manager/Registered Nurse (UM/RN) C said the bruise on the right arm was approximately three fingers below the shoulder and was approximately the size of a silver dollar and irregularly shaped. The center part of the bruise on the arm was pale yellow, and the circumference was a light purplish color. UM/RN C said it felt like a healing bruise and felt no lumps when palpated. R103 reported no pain when touched. UM/RN C said the bruise on the left shin was in a reddened state and about four fingers below the knee. UM/RN C identified another bruise on R103's shin and said it was located about four fingers below the upper bruise. It was also in a reddened state. UM/RN C stated, The bruises on the left leg most likely happened within a day, but if it is not witnessed, we don't know. UM/RN C said the bruise on the arm appeared to be about a week old because of the way that it was healing. UM/RN C said any bruise on a resident should be reported. UM/RN C was unaware of the bruises on R103 prior to this interview. UM/RN C stated, (R103) runs into things. During an interview on 8/20/25 at 10:44 AM, CNA E said she helped R103 get out of bed before 8:00 AM this morning. CNA E stated, I called the nurse in there (R103's room) and showed her the bruises. CNA E said she only works on Wednesdays and had no knowledge of the bruises before today. During an interview on 8/20/25 at 10:46 AM, LPN F said she observed the bruises on R103 this morning and was going to document her observations but had not done it yet nor had she reported it to the unit manager. LPN F said she was unaware of R103's bruises before this morning. LPN F said R103 denied that she was hurt. LPN F acknowledged that a bruise can be a sign of abuse and that was why she asked R103, How it happened? LPN F agreed that she was responsible for reporting signs of abuse. During interviews and record review beginning on 8/20/25 at 3:21 PM, the Director of Nursing (DON) stated they just found out R103 had bruises and I have to do an investigation. I look at meds to see what could cause bruising and (R103) is on aspirin. A chart review revealed R103 had been on aspirin 81 mg intermittently since 1/17/24. R103's most recent orders for aspirin 81 mg were from 1/18/25 to 6/2/25 and then 6/3/25 to the present. A review of facility documents titled, Weekly Head to Toe Assessment, dated 8/18/25, 8/8/25, 8/1/25, 7/25/25, and 7/14/25 all indicated no new skin issues. Further review of R103's EHR revealed the following care plan focus: I have potential impairment to skin integrity r/t (related to) decrease mobility, frequently incontinent of bowel and bladder. I have a history of CVA (cerebrovascular accident) and my left side is weak. I have a tendency to bruise easily r/t use of the aspirin. My skin is fragile.Date Initiated: 1/31/2025. Created by: MDS Coordinator. Revision on: 8/20/25. Revision by: Director of Nursing. A review of physician's orders for R103 documented: Monitor for bruising r/t aspirin use every shift. Date/time stamp of 8/20/25 at 10:34 AM. When queried about the physician order to monitor for bruising and care plan revision entered today, 8/20/25, specifically what evidence did the DON have that R103 has a tendency to bruise easily, the DON stated (R103) has a tendency to bruise easily because of the aspirin. It is an anticoagulant. With aspirin (the residents) can easily bruise. The DON then added that she will change the care plan to reflect that R103 may easily bruise related to the use of aspirin. The DON acknowledged that she had not completed the care plan interventions for this concern. The DON said all residents are on a skin management program. However, a person on aspirin required additional interventions. The DON indicated that prior to today, R103's care plans had not been individualized to reflect she was on aspirin, and that this should have been part of R103's care plans before today. R103's care plans did not indicate a tendency to run into things as reported by UM/RN C. A review of