

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39465</p> <p>Based on observation, interview, and record review, the facility failed to ensure feeding assistance were provided timely for two Residents (R23 and R69) of three residents reviewed for activities of daily living (ADLs), resulting in the residents not eating meal timely and the potential for the residents food to be served at an inappropriate temperature.</p> <p>Findings include:</p> <p>R23</p> <p>On 8/6/2024 at 12:27 p.m., R23 was observed lying in bed asleep with food tray covered undisturbed on the bedside table. Observed Multiple staff assisting with tray pass.</p> <p>On 8/6/2024 at 12:36 p.m., Certified Nursing Assistance (CNA) H was interviewed regarding R23's food tray. CNA H said the R23 can eat on her own, but you must wake the resident up and set the food tray up. CNA H said whoever passed R23' s food tray must not have known to wake the resident up and to set up the food tray. CNA H assisted the resident with the food tray set up. CNA H confirmed the food trays was on the unit about 12:00 noon.</p> <p>According to the electronic medical record, R23 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses Alzheimer's disease, anxiety disorder, dementia, dysphagia, and protein-calorie malnutrition. R23's annual Minimum Data Set (MDS) with a reference date of 6/23/2024 indicated R23 had intact cognition with a BIMS (brief interview for mental status) score of 15/15.</p> <p>Review of the ADL, (Activities of Daily Living) care plan-review date of 6/20/2024 documented, R23 need assistance with ADLs related to generalized weakness.</p> <p>Interventions as following:</p> <ul style="list-style-type: none"> <li>- Encourage resident to eat in the dining room as I enjoy socialization.</li> <li>- Eating: I can feed myself with set up assist and supervision.</li> </ul> <p>R69</p> <p>(continued on next page)</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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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/6/2024 at 12:44 p.m., R69 was observed lying in bed alert with a covered undisturbed food tray on the bedside table. R69 nodded yes, indicating yes to ready to eat and needing assisting to set up the food tray when interviewed.</p> <p>On 8/6/2024 at 12:52 p.m., during an interview, Licensed Practical Nurse (LPN) G observed the food tray on the bedside side table. LPN 'G asked, was R69 hungry and was ready to eat. R69 nodded indicating yes. LPN G raised the head of R69's bed and assisted the resident with the food tray set up and assisted the resident with eating. R69 was observed eating with LPN G assistance.</p> <p>According to the electronic medical record, R69 was admitted to the facility on [DATE] with diagnoses diabetes mellitus type two, major depressive disorder, cerebral infarction (Stroke), other paralytic syndrome (a medical condition that can cause neuromuscular weakness or paralysis) following cerebral infarction, primary osteoarthritis, and vascular dementia. R69's quarterly Minimum Data Set (MDS) with a reference date of 5/15/2024 indicated R69 cognition was moderately impaired with a BIMS (brief interview for mental status) score of 07/15.</p> <p>Review of the ADL, (Activities of Daily Living) care plan-review date of 5/15/2024 documented, R69 need assistance with ADLs due to vascular dementia, paralytic syndrome following a cerebral infarction and metabolic encephalopathy.</p> <p>Interventions as following:</p> <p>- Eating: I am able to feed myself with tray set up.</p> <p>During an interview on 8/8/2024 at 3:00 p.m., the Director of Nursing (DON) was informed of R23 and R69's lunch trays on the bed table without any assistance from staff for set up. The DON said that the staff should assist the residents with their meals at the time the food trays were brought into the resident's room.</p> <p>According to the facility's 9/01/2021 Food and Nutrition Services policy: Meal service schedules establish mealtimes that are appropriate for residents and optimize staff's ability to assist residents during meals. Residents are served in an efficient manner that emphasizes customer service. Nursing staff, unit food carts: 1. The tray will then be served to the resident, providing set up and dining services as needed.</p>		

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<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain dental services for each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47964</b></p> <p>Based on observation, interview, and record review, the facility failed to follow-up with a dental recommendation for one resident with Medicaid benefits (R74) out of two residents reviewed for dental services resulting in R74 not having several broken/decayed teeth extracted and with complaints of tooth pain and tooth abscess and difficulty eating.</p> <p>Findings include:</p> <p>On 8/6/24 at 10:15 AM R74 was observed with several visible broken and decayed teeth. During an interview R74 pointed to his top teeth and said his teeth hurt, it is hard to eat. R74 said he saw a dentist and was supposed to get some teeth pulled, but nothing has happened since.</p> <p>According to the Electronic Health Record (EHR) R74 was admitted to the facility on [DATE] with diagnosis of convulsions, seizures and altered mental status.</p> <p>The Minimum Data Set (MDS) dated [DATE] indicated R74 had moderately impaired cognition with a BIMS (brief interview for mental status) score of 12/15. R74 was identified to require supervision and set up assistance for personal hygiene.</p> <p>According to the EHR R74's Medicaid insurance began retroactive on 6/1/24 with Medicaid status accepted on 7/10/24. According to a Dental Summary Report on 5/22/24: Resident (R74) Caries removed, He complains of pain in his upper and is eager to have them removed. Reviewed visit summary with social worker who reports that as soon they sort out his insurance, he will be scheduled with the oral surgeon. Review of the progress note dated 6/8/24 revealed Resident noted with c/o tooth pain unrelieved by prn pain management. Medical doctor order given for Augmentin for tooth infection and dentist referral.</p> <p>There was no further documentation to indicate that R74 had a follow up dental visit or tooth extractions.</p> <p>On 8/07/24 at 11:51 AM the Nursing Home Administrator was interviewed and said we don't have an appointment made for the resident. It should have been made once he got Medicaid on 7/10/24. The social worker just left employment and most likely did not make the appointment for the resident. The social worker is responsible for setting up dental appointments. I will follow up set up an appointment for him.</p> <p>According to the facility policy titled Dental Services undated revealed in part . It is the policy of this facility to assist residents in obtaining routine and 24-hour emergency dental care to meet the needs of each resident.</p> <p>Procedure</p> <p>1. When the resident requires routine or emergency dental care, the Social Service Staff will assist the resident to secure an appointment.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>32000</p> <p>Based on observation, interview, and record review the facility failed to maintain sanitary conditions in the kitchen resulting in an increased potential for cross contamination of food and foodborne illness, potentially affecting the facility's total census of 80 residents who receive meal services (3 nothing by mouth residents, or NPO) out of the facility's total census of 77 residents.</p> <p>Findings include:</p> <p>1. On 8/7/24 at 10:44 AM, during a dietary tour of the kitchen, when asked the how the facility cleans and sanitizes work surfaces in this area, Dietary Manager, staff A, stated, we have our sanitizer buckets. At this time, staff A was asked to test a sanitizing bucket to verify its concentration. The testing of the sanitizer concentration by staff A via a test strip, and comparing its color to the test strip packaging revealed a concentration of zero. Upon observation staff A stated, This might be from this morning, it's a little cloudy. to which Cook, staff C, stated, it is, I was going to remake it now.</p> <p>On 8/7/24 at 10:48 AM, record review of the chemical sanitizing poster located above the 3-compartment sink revealed the expectation to maintain the sanitizer at a concentration of 200 parts per million (ppm) -400 ppm and at a temperature of 70 degrees F. When asked how the facility plans to achieve this result, Staff A stated, we change them out every two hours or as needed.</p> <p>Review of 2017 U.S. Public Health Service Food Code, Chapter 7-204.11 Sanitizers, Criteria, directs that:</p> <p>Chemical SANITIZERS, including chemical sanitizing solutions generated on-site, and other chemical antimicrobials applied to FOOD-CONTACT SURFACES shall:</p> <p>(A) Meet the requirements specified in 40 CFR 180.940 Tolerance exemptions for active and inert ingredients for use in antimicrobial formulations (Food-contact surface sanitizing solutions)P</p> <p>2. On 8/7/24 at 11:06 AM, observed acoustic ceiling tiles installed above the steam table serving line, food prep areas, the clean equipment and utensil storage racks, and on the clean and sanitized sides of the dish machine and 3-compartment sink. A smooth and hard faced ceiling tile was observed above the coffee urn. On 8/7/24 at 11:08 AM, upon interview with Dietary Manager, staff A, on why the ceiling had different types of tiles in different locations they stated, I'm not exactly sure, if it was from the steam or from a leak, but they changed out the tile above the coffee pot with a different type and it has been fine ever since.</p> <p>Review of 2017 U.S. Public Health Service Food Code, Chapter 6-201.11 Floors, Walls, and Ceilings directs that:</p> <p>Except as specified under S 6-201.14 and except for antislip floor coverings or applications that may be used for safety reasons,</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>floors, floor coverings, walls, wall coverings, and ceilings shall be designed, constructed, and installed so they are SMOOTH and EASILY CLEANABLE.</p> <p>3. On 8/7/24 at 11:16 AM, at 11:32 AM and at 12:05 PM, Dietary aide, staff D, was observed not using a hand barrier to shut off the faucet when done washing their hands.</p> <p>On 8/7/24 at 11:44 AM, when asked if they had conducted any training with staff on the proper procedure to wash their hands, Staff A stated, yes, upon hire and with the normal reminders every so often.</p> <p>On 8/7/24 at 11:28 AM, at 11:52 AM and at 12:01 PM, Cook, staff C, was observed not using a hand barrier to shut off the faucet when done washing their hands.</p> <p>On 8/7/24 at 11:23 AM, at 11:48 AM and at 12:09 PM Dietary aide, staff E, was observed not using a hand barrier to shut off the faucet when done washing their hands.</p> <p>On 8/7/24 at 3:05 PM, record review of a policy titled, QRT Hand Washing revealed that the facility has a hand washing procedure in place identifying when it is required to wash hands and how it should be conducted.</p> <p>Review of the U.S. Public Health Service 2017 Food Code, Chapter 2-301.12 Cleaning Procedure, directs that:</p> <p>(C) TO avoid recontaminating their hands or surrogate prosthetic Devices, FOOD EMPLOYEES may use disposable paper towels or similar clean barriers when touching surfaces such as manually operated faucet handles on a HANDWASHING SINK or the handle of a restroom door.</p> <p>4. On 8/7/24 at 12:15 PM, a meal test tray of the last tray from the serving cart was requested. On 8/7/24 at 12:34 PM, upon taking food temperatures of the day's meal, the roast beef was measured to be holding at a temperature between 108 degrees F and 112 degrees F. At this time staff A was asked about the current state of the meal to which they stated, we need to start to use our plate warmer again. I'll talk to them about this.</p> <p>Review of 2017 U.S. Public Health Service Food Code, Chapter 3-501.16 Time/Temperature Control for Safety Food, Hot and Cold Holding directs that:</p> <p>(A) Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under S3-501.19, and except as specified under (B) and in (C) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be maintained:</p> <p>(1) At 57oC (135oF) or above, except that roasts cooked to a temperature and for a time specified in 3-401.11(B) or reheated as specified in 3-403.11(E) may be held at a temperature of 54oC (130oF) or above.</p>		