

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235480	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/05/2024
NAME OF PROVIDER OR SUPPLIER The Orchards at Harper Woods		STREET ADDRESS, CITY, STATE, ZIP CODE 19840 Harper Ave Harper Woods, MI 48225	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34851</p> <p>This citation pertains to intake: MI00145394.</p> <p>Based on observation, interview, and record review, the facility failed to provide scheduled showers for one sampled resident (R903) of three residents reviewed for activities of daily living (ADL). Findings include:</p> <p>R903 was admitted to the facility on [DATE] with diagnosis of Juvenile rheumatoid Polyarthrititis. A review of R903's Minimum Data Set (MDS) quarterly assessment dated [DATE] revealed, R903 with an intact cognition and dependent of staff to complete activities of daily living (ADL).</p> <p>On 9/5/24 at 12:00 PM, R903 was observed lying in bed, above their bed there was a sign that noted, Shower Schedule M (Monday) & Th (Thursday) 7pm -7am. R903 was asked about the sign and explained that is to remind staff but they still don't get their showers. R903 was asked the last time they had a shower. R903 was unable to remember but did say it was in August.</p> <p>A review of shower documentation revealed, N/A (not applicable) on 8/1/, 8/8, 8/15, 8/29, and 9/2/24.</p> <p>On 9/5/24 at 12:19 PM, the Director of Nursing (DON) was asked about R903's showers. The DON stated, [R903] made a concern a couple of weeks ago, we change [R903] to a day shift shower (7am - 7pm). The DON was asked why the showers were changed from an afternoon shower to a day shift shower. The DON explained, R903 reported the staff were coming in too late on the afternoon shift. The DON was asked what N/A meant that was noted on R903's shower record. The DON stated they would have to contact that staff person to find out what happened on those days.</p> <p>On 9/5/24 at 12:53 PM, the DON reported, the N/A documentation was completed by the same staff member on all the days. The DON explained the explanation was that the staff person thought R903 was still an afternoon shower, and the day shift was a computer error. The DON confirmed the resident did not receive a shower on the days that were marked N/A.</p> <p>The DON was asked the facility's expectation for new notice of a change in the shower schedule. The DON explained the staff person should have questioned, then asked a manager or the DON about new notice of the schedule change to be sure of the schedule.</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>A review of R903's care plan noted, Focus: I need assistance with my ADL's r/t (related to) contractures of hand, pain in left arm, juvenile Rheumatoid Polyarthritis. Date Initiated: 09/11/2023. Goal: I will maintain my current level of functioning through the review date. Date Initiated: 09/26/2023. Interventions: of functioning through the review date. I require total assistance with bed mobility, transfers, toileting, personal hygiene, dressing, bathing and eating. Date Initiated: 09/11/2023. BATHING/SHOWERING: I require total assist by staff with bathing/showering at least weekly and whenever I prefer. I prefer shower instead bed bath. Date Initiated: 09/11/2023.</p> <p>A review of the facility's policy titled, Tub Bath or Shower undated, noted Purpose: Tub baths and/or showers are used to cleanse the body, stimulate circulation, and condition & assist debriding skin. Bed linen is changed at least weekly and PRN (as needed). The policy did not address to the concern mentioned above.</p>		

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate foot care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50223</p> <p>This citation pertains to Intake: MI00146442.</p> <p>Based on interview, and record review, the facility failed to provide timely podiatry care for one resident (R902) out of one reviewed for foot care. Findings include:</p> <p>On 9/5/2024 at 11:40 AM, during an interview, R902 explained their toenails were very long and it was painful to put shoes on and it took a long time to get them cut.</p> <p>On 9/5/2024 at 11:56 AM, Social worker (SW) A was asked to review R902's record for podiatry care. SW A then replied R902 was admitted in October (2023) and was not seen by podiatry until August (2023). Then stated It looks like she may have been seen in April (2024), but was unable to provide a treatment record. SW A said that even if R902 was seen in April they would have been due for another visit at least in June and confirmed that visit did not take place. SW A was asked if there was a written policy and procedure for podiatry care to which she responded no.</p> <p>A review of R902's electronic medical record revealed that they were admitted on [DATE] with diagnoses as follows: idiopathic peripheral autonomic neuropathy; Chronic obstructive pulmonary disease, and Type 2 diabetes mellitus with diabetic neuropathy.</p> <p>Further record review revealed the following:</p> <ul style="list-style-type: none"> -A request for services form for podiatry dated 2/7/24; -A nursing note dated 7/7/24 stated the following: Family also reports that residents toenail needs to be trimmed at this time and writer will log for soc worker to review for podiatrist.; -Physician orders: podiatry services placed 3/23/24. Podiatrist evaluation on left big toe placed 7/27/24; -A second request for services form for podiatry dated 7/10/24; -A podiatry visit note dated 8/2/24. <p>A facility policy title Foot care revealed the following: Purpose. To promote cleanliness and prevent infection. Special care for diabetic residents .2. Regularly inspect feet for cuts, cracks, blisters, corns, calluses, or red, swollen areas, Report findings to the physician. Documentations. Record any abnormal findings in the nurses' notes. In the care plan, document the need for foot care.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50223</p> <p>This citation pertains to Intake: MI00146442</p> <p>Based on observation and interview, the facility failed to maintain a sanitary environment potentially affecting all 129 residents whom reside in the facility. Findings include:</p> <p>On 9/5/24 at 9:03AM, 10:19 AM, 11:10 AM, and at 12:20 AM, a wheelchair was observed in the hallway outside room [ROOM NUMBER] with a pile of dirty clothing on it.</p> <p>On 9/5/24 at 9:18AM, 10:24 AM, and 11:10 AM, a bag of dirty linen was observed on the floor next to the wall in room [ROOM NUMBER].</p> <p>On 9/5/24 at 9:21 AM, 10:23 AM, and 11:10 AM, a bag of dirty linen was observed on the counter in the anteroom outside room [ROOM NUMBER].</p> <p>On 9/5/24 at 9:24 AM, 10:20 AM, and 12:20 AM, a pile of dirty linen was observed on the floor by the window in room [ROOM NUMBER].</p> <p>On 9/5/24 at 10:12 AM and 11:08 AM, a dirty towel and a dirty pair of socks were observed on the windowsill in room [ROOM NUMBER].</p> <p>On 9/5/24 at 10:15AM, 11:33 AM, and 1:00PM, A bag of trash and a bag of dirty linen were observed in the bathroom in room [ROOM NUMBER].</p> <p>On 9/5/24 at 10:07 AM, 11:27 AM, and 1:00PM, a bag of dirty linen and a bag of trash were observed on the floor in the bathroom of room [ROOM NUMBER]. A strong foul odor was noted.</p> <p>On 9/5/24 at 11:20 AM, 12:37 PM, and 1:08 PM a bag of dirty linen and a bag of trash were observed on the floor of the bathroom in room [ROOM NUMBER]. A strong foul odor was noted.</p> <p>On 9/5/24 at 11:40 AM, R902 was interviewed and asked about the bags of linen and trash in their bathroom. R902 stated That happens all the time and they stay there all day.</p> <p>On 9/5/24 at 12:30 PM, during an interview, Certified Nurse Assistant (CNA) B was asked who removes dirty linen and trash from residents' rooms. CNA B explained the CNA's remove the linen and will remove the trash too if it has incontinence products in it, otherwise housekeeping removes the trash.</p> <p>On 9/5/24 at 12:40 PM, during an interview, the Assistant Director of Nursing (ADON) was asked who removes dirty linen and trash from residents' rooms and stated It should be removed when care is done before exiting the room.</p> <p>On 9/5/24 at 1:05PM, during an interview, the Director Of Nursing (DON) was asked to describe their expectation for the removal of dirty linen and trash from residents rooms. The DON explained the CNA should remove the linen and trash when they finish performing care in the room.</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A facility policy titled Housekeeping and Laundry revealed the following: 1. Pick up or collection of soiled linen. A. Collection of soiled linen. Soiled linen containers or barrels should be on each nursing unit stored in a soiled area so that nursing can deposit soiled linen. These containers should be checked at regular intervals to keep the soiled linen from overflowing, which may cause odor and infection control problems. Regularly scheduled pickups should be coordinated with nursing to get soiled linen off the units. Soiled linen must be removed from the units for two reasons: 1. Keep the area infection free. 2. The laundry needs the soiled linen picked up regularly to keep the flow of wash moving through the laundry room and clean linens properly stocked on the units. The manager should check with nursing to coordinate pickups. The timing of nursing activities such as: getting residents up. Breakfast feeding. Shoers. Changing beds. Will al have an impact on what the best ties are for soiled linen pickup.</p>