

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  11/06/2024
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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44750</b></p> <p>This citation pertains to Intake MI00147481.</p> <p>Based on interview and record review, the facility failed to permit readmission and/or provide proper notice of facility-initiated discharge for one resident (R702) following a hospitalization out of one reviewed for transfers and discharges. Findings include:</p> <p>A review of intake MI00147481 noted the following, Patient was seen and cleared by our behavioral health psych social worker on 10/10/24. Patient was also medically cleared to return to nursing facility on 10/10/24. [Facility name] refused to take patient back into their facility. Patient is a long-term resident at the facility and has been residing at the facility since March 2024.</p> <p>A review of the medical record revealed R702 admitted into the facility on [DATE] with the following diagnoses, Unspecified Dementia without Behavioral Disturbances and Anxiety. A review of the Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 5/15 indicating an impaired cognition. R702 also required assistance with bed mobility and transfers.</p> <p>Further review of the progress notes revealed the following, Effective Date: 10/9/2024 18:11 (6:11PM). Resident was petitioned to hospital due to becoming very aggressive with staff. Resident proceeded to hit door and use vulgar language at staff members when staff attempted to redirect pt. (patient). Staff called 911 to assist with the transfer. Sister (Guardian) was contacted and aware of the transfer and staff has explained current situation to family. Pt. escorted by police officers and EMT (Emergent Medical Transport) to (Hospital) for a psych evaluation. Physician is aware of transfer.</p> <p>On 11/6/2024 at 10:46 AM, an interview was conducted with Central Intake admissions staff (CI) B. CI B stated they were informed R702 was sent to the hospital because of aggressive behaviors. CI B stated they were given the directions not to take R702 back due to the facility no longer being able to accommodate their needs.</p> <p>On 11/6/2024 at 11:27 AM, an interview was conducted with the Director of Nursing (DON). The DON stated they felt as though they could no longer accommodate R701 in the facility and they were a danger to themselves and others. The DON stated the resident refused all medications and was increasingly aggressive with staff, so they had to petition R702 out. The DON stated they did not believe R702 was treated for their condition adequately in the hospital and would not accept them back in the facility.</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
---	-------	-----------

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  11/06/2024
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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/6/2024 at 11:52 AM, an interview was conducted with Social Worker (SW) D. SW D stated they were informed R702 was transferred to the hospital due to behaviors at the facility. SW D stated no petition was sent with R702. SW D stated R702 was evaluated by their behavioral health team in the hospital and did not appear to be manic and stated they did not want to harm themselves or anyone else. The SW D stated they were displaying signs of Dementia without behavioral disturbances. SWD stated R702 was cleared by the hospital behavioral health team for readmission back onto the facility. SW D confirmed the facility refused to take R702 back and the hospital was able to find them alternative placement.</p> <p>On 11/6/2024 at 1:18PM, an interview was conducted with Ombudsman C. Ombudsman C stated they were informed by the hospital Social Worker the facility would not permit R702 to return. Ombudsman C stated they spoke to CI B, and they stated they were not able to permit R702's return to the facility. Ombudsman C stated they tried to inform the facility they had to permit R702's return and issue an Involuntary Discharge, giving R702 proper notice.</p> <p>Further review of the medical record did not show documentation any communication with the hospital regarding R702's behavior at time of attempted discharge from hospital, or documentation of proper notice for facility-initiated discharge.</p> <p>On 11/6/2024 at 1:31 PM, an interview was conducted with R702's Legal Guardian (LG) E. LG E stated they were informed R702 was going to the hospital because they were banging on the door and were manic. LG E stated they were informed by the hospital the facility would not accept R702 back and they did not speak to anyone at the facility explaining why they were unable to take R702 back at the facility. LG E stated R702 stated they wanted to go outside and smoke, and once the hospital gave them a nicotine patch they no longer asked to go outside. LG E stated R702 is adjusting to the new facility at this time.</p> <p>On 11/6/2024 at 2:00 PM, an interview was conducted with the Nursing Home Administrator (NHA). The NHA stated they began to complete an Involuntary Discharge notice but did not finish it due to the emergent situation. The NHA stated they could not accommodate R702 anymore due to aggressive behaviors. The NHA was asked if they notified the ombudsman or guardian of the specific behaviors and that they would not be accepting R702 back into the facility. The NHA stated they did not because of how quickly they had to get R702 out of the facility.</p> <p>A review of a facility policy titled, Transfers and Discharges noted the following, 7. Emergency Transfers/Discharges-For medical reasons, or the immediate safety and welfare of a resident, initiated by the facility (Nursing Responsibilities unless otherwise specified) .I. In case of discharge, notice requirements and procedures for facility-initiated discharges shall be followed.</p>		