

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 12/12/2024
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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28776</p> <p>This citation pertains to Intake MI00148002.</p> <p>Based on interview and record review, the facility failed to ensure the right to manage finances and assist with community banking services for one resident (R700) of three residents' reviewed for residents rights. Findings include:</p> <p>On [DATE] at approximately 10:00 AM, an interview was conducted with R700 regarding concerns with finances. R700 stated facility was harassing them about paying their bill and issued them an involuntary discharge notice. R700 presented the involuntary discharge form that was served to resident on [DATE]. R700 said I am upset because I like it here. I have the money but have trouble getting it from bank and my drivers license had expired. I want to pay it and stay here. My debit card only let's me get \$500 a day.</p> <p>A review of R700's medical record revealed R700 was admitted on [DATE] with multiple diagnoses including spinal stenosis, osseous and subluxation stenosis of intervertebral foramina of the lumbar region, inflammatory spondylopathy, lumbar region. A review of R700's Minimum Data Set (MDS) assessment dated on [DATE] revealed a Brief Interview of Mental status (BIMS) assessment of 14 indicating resident is cognitively intact.</p> <p>An interview was held Business Office Manager A (BOM A) on [DATE] at 10:35 AM . BOM A said R700 used his credit card regularly to pay his bill. R700 started not paying the bill in full beginning [DATE]. BOM A stated she offered to assist R700 with going to a local bank and did on [DATE], however due to R700's driver's license expired the month prior, the bank could not perform any further transactions. When asked had the facility tried to assist resident with renewing the driver's license, the BOM stated, No.</p> <p>A review of R700 billing statement documented the following:</p> <p>-[DATE] patient pay amount was billed \$1297.00;</p> <p>-[DATE] patient pay amount was billed \$1297.00;</p> <p>-[DATE] patient pay amount was billed \$1297.00.</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 12/12/2024
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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE], R700 made a \$2000.00 payment after going to the bank with BOM A.</p> <p>-[DATE] patient pay amount was billed \$1297.00.</p> <p>On [DATE] a \$500.00 payment was made and on [DATE] another \$500.00 payment was made.</p> <p>-[DATE] patient pay amount was billed \$1297.00.</p> <p>Total charges added up to \$6485.00 in which R700 had paid \$3500.00, leaving the balance owed as \$2985.00.</p> <p>Per the Electronic Medical Record (EMR) note provided by the Nursing Home Administrator (NHA), on [DATE] BOM A met with R700 and discussed using an ACH form (a credit payment that allows funds to be transferred directly from one bank account to another without the need for checks, wire transfers, or cash exchanges). R700 was told to fill out form or he would be given an involuntary discharge.</p> <p>A review was made of the Resident Rights policy which documented, the resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside of the facility. J. The resident has the right to manage his or her financial affairs. This includes the right to know, in advance, what charges a facility may impose against a resident's personal funds.</p>		