

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  03/25/2025
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49102</p> <p>Based on observation, interview and record review, the facility failed to timely revise care plans to accurately reflect identified problems and interventions for one resident (R55) of one residents.</p> <p>Findings include:</p> <p>On 3/23/23 at 9:00 AM, R55 was noted in their room noted laying halfway off the bed and on the floor. R55 was noted to be in a wet brief which was hanging off. When asked about about the care, R55 appeared confused and stated they were unsure about what to do.</p> <p>On 3/24/25 at 8:45 AM, R55 was observed in their room with a shirt on, no brief, no non-slip socks, looking for something to eat.</p> <p>On 03/25/25 at 9:00 AM, R55 observed in their room walking barefoot.</p> <p>A review of R55's electronic medical record revealed R55 was admitted on [DATE] with multiple diagnoses including Acute Respiratory Failure, Dementia, Anxiety and Macular Degeneration. A review of R55's Minimum Data Set (MDS) assessment dated on 12/26/2024 revealed a Brief Interview of Mental status (BIMS) assessment of 13 indicating resident is cognitively intact.</p> <p>Further review of R55's revealed a recent fall on 3/21/25 the history of falls care plan last revised on 9/11/24, revealed several previous interventions but no substantional most recent intervention.</p> <p>On 03/25/25 at 1:45 PM, The Director of Nursing (DON) was interviewed regarding updated care plans. She indicated the expectation is care plans for falls are updated after the team reviews the fall.</p> <p>A review of the facility policy titled, Comprehensive Care Plans revealed the following: The comprehensive care plan must be patient centered, be in the I care plan format and consistent with resident rights and describe that each resident is provided the necessary care and services including resident's choices to attain or maintain the highest practible physical, mental, and psychosocial well-being consistent with the resident's comprehensive or quarterly ; assessment. The comprehensive care plan must be consistent with resident's rights and : reflects current standards of practice</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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44750</b></p> <p>Based on observation, interview, and record review, the facility failed to provide adaptive equipment for one resident (R40) out of three reviewed for Activities of Daily Living (ADLs). Findings include:</p> <p>On 3/24/2025 at 2:18 PM, R40 was observed in their room eating lunch. R40 was observed trying to pick their water cup up and dropped the cup on themselves. R40's water cup was noted to be in a foam cup. R40 reported they usually have a smaller sippy cup that makes it easier for them to drink their water. R40 reported the cup broke about two months ago and someone stated they were ordering a new one. R40 indicated they had not heard anything else about the new cup.</p> <p>A review of the medical record revealed that R40 admitted into the facility on [DATE] with the following medical diagnoses, Epilepsy and Dysphagia. A review of the most recent Minimum Data Set assessment revealed a Brief Interview for Mental Status assessment score of 10/15 indicating an impaired cognition. R40 also required staff assistance with bed mobility and transfers.</p> <p>Further review of the medical record revealed the following physician orders,</p> <p>Modified light weight water cup for daily use .Active.</p> <p>Please ensure that resident has smaller drinking cup at bedside .Active.</p> <p>On 3/25/2025 at 10:47 AM, R40 was observed in bed with no modified light weight water cup at the bedside.</p> <p>On 3/25/2025 at 10:59 AM, an interview was conducted with the Registered Dietitian (RD) A. RD A stated they had spoken to the Occupational Therapist (OT) that was caring for R40, and they indicated R40 could use a regular foam cup, and the other order needed to be discontinued.</p> <p>On 3/25/2025 at 11:58 AM, an interview was conducted with the Director of Nursing (DON). The DON stated there used to be a sippy cup that was easier for R40 to use, and they would have to look into reordering one.</p> <p>A review of a facility policy titled, Adaptive Eating Equipment noted the following, Policy: It is the policy of this facility to assure adaptive equipment is available for those residents who would benefit from their use, based on comprehensive assessment, to assist the resident to achieve his/her highest functioning potential.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40384</p> <p>Based on observation, interview, and record review, the facility failed to complete and document skin treatments for one resident (R93) of one reviewed for skin treatments/documentation. Findings include:</p> <p>On 3/23/25 at 9:24 AM, R93 was observed sitting on the side of their bed, right leg observed wrapped in a bandage and undated. R93 explained that they had gotten into an accident which caused the wound on their leg, but was unsure of the last date their bandage had been changed.</p> <p>A review of R93's medical record revealed that they were admitted into the facility on [DATE] with diagnoses that included Cellulitis of the Right Lower Limb and Peripheral Vascular Disease. Further review revealed that the resident was cognitively intact and required limited assistance with toilet use, bathing, and dressing.</p> <p>Further review of the medical record revealed the following physician order dated 1/8/25, Right Lower Leg: Cleanse with Wound Cleaner, pat dry apply medihoney cover with Abd (abdominal pads) and kerlex. every day shift for WD (wound dressing) and every 24 hours as needed.</p> <p>A review of the January 2025 Treatment Administration Record (TAR) revealed the following dates with missing treatments, 1/16, 1/18, 1/19, 1/21, 1/23, 1/24, 1/26, 1/29, and 1/30.</p> <p>A review of the February 2025 TAR revealed the following missing treatment dates: 2/6, 2/9, 2/12, 2/16, 2/20, 2/21, 2/22, 2/23, and 2/25.</p> <p>A review of March 2025 TAR revealed the following missing treatment dates: 3/2, 3/5, 3/6, 3/7, 3/12, 3/14, 3/17, 3/18, 3/19, 3/22, and 3/23.</p> <p>On 3/25/25 at 1:54 PM, the Director of Nursing (DON) was interviewed regarding the missing TAR treatments, and she explained the expectation is that the treatments are completed as ordered.</p> <p>A review of the facility's policy revealed the following, .3. Residents admitted with skin impairments will have appropriate interventions implemented to promote healing, a physician's order for treatment, treatment record initiated .</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34851</p> <p>Based on observation, interview and record review, the facility failed to turn, reposition, and implement offloading interventions to prevent further skin breakdown for one resident (R85) of three residents reviewed for pressure ulcers. Findings include:</p> <p>On 3/24/25 at 2:29 PM, R85 was observed laying on their backside without pillows under either side of R85's body.</p> <p>On 3/25/25 at 9:12 AM and 11:15 AM, R85 was observed laying on their backside without pillows under either side of R85's body. A pillow was observed under R85's feet.</p> <p>On 3/25/25 at 12:19 PM, an observation of R85's wound was made, the wound was clean, with some slough present, and scar tissue was observed surrounding wound.</p> <p>On 3/25/25 at 2:05 PM, R85 was observed laying on their backside without pillows under either side of R85's body. Three pillows were observed laying in a chair.</p> <p>A review of R85 medical record revealed, R85 was admitted to the facility on [DATE] with diagnosis of Encephalopathy. A review of R85's quarterly Minimum Data Set (MDS) assessment dated [DATE] noted R85 with a severely impaired cognition and with total dependence of staff to complete activities of daily living.</p> <p>A review of R85's medical record noted, 3/7/2025 10:51 Nurses Note: CNA (Certified Nursing Assistant) notified that patient had open wound on buttock. Cleansed area with soap and water, applied barrier cream.</p> <p>Further review noted, 3/11/2025 at 16:28, Skin/Wound Note Text: Resident noted with re-current open area to Sacrococcyx @ (at) 5.0x3.0x0.2 centimeters (cm) pale yellow base, scant serous drainage, irregular edges. No objective s/s (signs and symptoms) of pain noted. Attending NP (Nurse Practitioner) notified new order noted.</p> <p>A note dated 3/12/2025 at 11:46, Skin/Wound Note Late Entry: Encounter Date: 03-12-2025. Chief Complaint: Follow up consult regarding sacrococcygeal . Patient examined and noted to have stage III pressure ulcer (full-thickness skin loss) sacrococcygeal treatment and offloading interventions implemented. Skin: No rash, warm and dry; Right buttocks which previously extended into sacrococcygeal resulting in stage III pressure ulcer resolved and reopened as unstageable pressure ulcer 3.0 x 4.0 x utd (Unstageable Full Thickness Depth) unable to determine 9 cm, red pink tissue and 20% eschar (dead tissue) with scant serous drainage . Assessments/Plans: Sacrococcygeal unstageable pressure ulcer . Recommended treatment Cleanse pat dry apply Medihoney cover with dry dressing change every other day and as needed Reposition Low-air-loss mattress ensure settings are appropriate and functioning for patient every shift .</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of R85's care plan revealed, Focus: I need assistance with my ADL's. Date Initiated: 08/20/24. Goal: I will maintain my current level of functioning through the review date. Date Initiated: 08/20/24. Interventions: I require total assistance with bed mobility, transfers, toileting, personal hygiene, dressing, bathing and eating. Date initiated: 8/20/24. Focus: I have potential/actual impairment to skin integrity of the (Sacroccocyx/bilateral buttocks) r/t (related to) Stage III Pressure Injury, Per wound NP res (resident) has multiple underlying medical conditions, wound may not heal &amp; formation of more wounds may be unavoidable: Impaired mobility, incontinent. Date initiated: 11/06/2024. Goal: By allowing staff allocated interventions my risk for healing complications and further skin breakdown will be reduced. Date imitated: 11/06/24 .</p> <p>Order: Coccyx/Bilat Buttocks: Cleanse w (with)/soap and water apply house barrier every shift and as needed every shift for skin and every 12 hours as needed. Start: 12/05/24.</p> <p>Order: Sacrococcygeal: Cleanse w/Dakins (a cleansing solution), pat dry, apply Medihoney cover w/dry dressing every day shift for skin and every 48 hours as needed for skin. Start: 3/14/25.</p> <p>A review of the March 2025, Treatment Administration Record (TAR) revealed, treatments not documented as completed on 15th, 16th, 19th, 20th, and 22nd.</p> <p>On 3/25/25 at 1:43 PM, the Director of Nursing (DON) was asked about R85's care planned interventions. The DON reported R85 is high risk (for skin breakdown) and should be repositioned every 2 hours with pillows.</p> <p>A review of the facility's policy Facility-Acquired Pressure Ulcers undated, revealed, Anticipated Outcome: Residents will be identified for their risk of skin breakdown. Residnets admitted without pressure ulcers will have measures implemented to reduce the prevalence of acquired pressure uclers .</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>44750</p> <p>Based on observation, interview, and record review, the facility failed to apply a splint/brace for one resident (R34) out of two reviewed for limited mobility. Findings include:</p> <p>On 3/24/2025 at 8:30 AM, R34 was observed laying in the bed, a towel was observed rolled up in their left hand. No brace/splint was observed to be in place.</p> <p>A review of the medical record revealed that R34 admitted into the facility with the following medical diagnoses, Dysphagia and Cerebral Infarction. A review of the most recent Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 99, indicating they were unable to complete the assessment. R34 also required staff assistance with bed mobility and transfers.</p> <p>Further review of the physician orders revealed the following orders,</p> <p>B/L (Bilateral) elbow splint/hand splint .Active.</p> <p>On 3/25/2025 at 8:58 AM, R34 was observed laying in the bed, a towel was observed rolled up in their left hand. No brace/splint was observed to be in place.</p> <p>On 3/25/2025 at 11:57 AM, an interview was conducted with the Director of Nursing (DON). The DON was asked about the schedule and application of R34's B/L elbow/hand splint. The DON indicated they would have to look more into the application for the elbow/splint.</p> <p>On 3/25/2025 at 12:01 PM, an interview was conducted with Restorative Nurse B. Restorative Nurse B' stated R34 is on the nurse maintenance program and is reflected on the care plan. Restorative Nurse B indicated they do not apply the splint through the restorative program and said nursing staff apply resident's splints.</p> <p>An application schedule for the splint/brace was requested, but not received by end of survey.</p> <p>A review of a facility policy titled, Braces and Splints noted the following, 8. Restorative staff or the licensed nurse will be responsible for application and removal of splints.</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>40384</p> <p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on interview and record review, the facility failed to ensure a Registered Nurse (RN) was on duty for eight consecutive hours a day, seven days a week potentially affecting all 132 residents residing in the facility. Findings include:</p> <p>A review of the Centers for Medicare &amp; Medicaid Services (CMS) PBJ (Payroll Based Journal) Staffing Data Report for the 1st quarter of 2025 (October 1 to December 31) revealed the facility triggered for excessively low weekend staffing.</p> <p>A review of requested Daily Staffing Sheets from the 1st quarter of 2025 revealed the following dates without RN coverage: 10/15/25, 10/16/25, 10/25/25, 11/6/24, 11/13/24, 11/14/24, 11/18/24, 11/19/24, 11/20/24, 12/7/24 and 12/24/24.</p> <p>On 3/25/25 at 9:43 AM, Staff Scheduler D was interviewed regarding RN coverage and explained that it is difficult to hire and retain registered nurses, and explained that call in's occur often.</p> <p>On 3/25/25 at 3:57 PM, the Director of Nursing (DON) was asked for her expectations in ensuring RN coverage was adequate, and she explained that the expectation is that there be coverage.</p> <p>A review of the Staffing and Scheduling policy revealed, Staffing for acuity involve understanding the needs of residents and staffing according to assure care can be provided to address resident needs .</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>40384</p> <p>Based on interview and record review, the facility failed to ensure certified nurse aides (CNAs) completed the required 12 hours of in-service education annually for three (E, F, and G) of five CNAs reviewed for inservice education. Findings include:</p> <p>A review of the following three certified nurse aide annual 12-hour nurse aide training/ in-services were reviewed:</p> <p>CNA E was hired on 3/1/22. There were no 12-hour training/ in-services provided by the facility.</p> <p>CNA F was hired on 3/16/22. There were no 12-hour training/ in-services provided by the facility.</p> <p>CNA G was hired on 3/14/17. There were no 12-hour training/ in-services provided by the facility.</p> <p>On 3/25/25 at 3:37 PM, Staff Developer B was asked about the missing 12 hours of training, and explained that she is new in the position, and acknowledged that she has been trained differently on when and how CNA's 12 hours of training annually were met.</p> <p>On 3/25/25 02:00 PM, the Director of Nursing (DON) was asked about the 12 hours of CNA training not being completed, and she explained her expectation is that CNAs meet their required training.</p> <p>A review of the facility's, Facility Assessment revealed the following, Required in-service training for nurse aides. In-Service training must be sufficient to ensure the continuing competence of nurse aides but must be no less than 12 hours per year .</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49102</p> <p>Based on observation, interview, and record review, the facility failed to ensure meals were served at a preferred and palatable temperature for three sampled residents (R20, R31, and R94) from a total of three sampled residents reviewed for food palatability. Findings include:</p> <p>R20</p> <p>On 3/23/25 at 9:30 a.m., R20 was observed laying in the bed. R20 expressed several concerns pertaining to the meals. R20 saying, it is a shame that my daughter has to spend money to buy food so I can have something decent to eat. The vegetables served last week were cold and hard.</p> <p>A review of R20's electronic medical record revealed R55 was admitted on [DATE] with multiple diagnoses including Chronic Obstructive Pulmonary Disease, Bilateral Osteoarthritis of the knee, Major Depressive Disorder and Alcohol Abuse. A review of R20's Minimum Data Set (MDS) assessment dated on 2/08/2025 revealed a Brief Interview of Mental status (BIMS) assessment of 15 indicating resident is cognitively intact.</p> <p>34851</p> <p>R31</p> <p>On 3/23/25 at 9:26 AM, R31 reported the food at the facility is bad. R31 was asked which meals. R31 reported all meals at the facility are not good.</p> <p>R94</p> <p>On 3/23/25 at 9:57 AM, R94 reported the food doesn't look good and that when it is good, they are not given enough food.</p> <p>A review of the resident council meeting minutes for February 2025, revealed multiple complaints regarding the food. The meeting minutes reflected concerns about food being cold when they receive their food trays and food carts being left on the units for long periods of time.</p> <p>A review of the facility policy titled, Food Palatability-Hot Food Temperatures dated 2018, Policy: The healthcare community prepares and serves food and beverages that are palatable, attractive and at safe and appetizing temperature. Procedure: Hot foods will be held at or above 135 F. Once the food is plated for serving the food temperature will begin to drop. By the time the hot food reaches the client it is expected to be less than 135 F. Variance in hot food temperatures occurs due to the ability of different foods to hold heat. For example mashed potatoes stay hot longer than rice . (3). The healthcare community makes every effort to take all factors into consideration to ensure that hot food and beverages are served at a safe and appetizing temperature.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>44750</p> <p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>Based on interview and record review, the facility failed to obtain consent and/or declination for influenza and pneumococcal immunizations for two residents (R34 and R92) out of five reviewed for immunizations. Findings include:</p> <p>On 03/25/2025 at 11:30 AM, the infection control task was completed with the Director of Nursing (DON) and acting Infection Control Preventionist (ICP) C.</p> <p>R34</p> <p>A request was made to review the influenza and pneumonia consents and/or declinations for R34.</p> <p>ICP C stated they knew the responsible party for R34 refused all vaccinations, however they did not know where the papers were with the refusals.</p> <p>A review of the medical record revealed that R34 admitted into the facility with the following medical diagnoses, Dysphagia and Cerebral Infarction. A review of the most recent Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 99, indicating they were unable to complete the assessment. R34 also required staff assistance with bed mobility and transfers.</p> <p>No consent or declination was received by the end of survey.</p> <p>R92</p> <p>A request was made to review the influenza and pneumonia consents and/or declinations for R92.</p> <p>The sheet provided did not have any signatures on it. The sheet documented the words disconnected 11/11/24, 15:15 written at the bottom.</p> <p>A review of the medical record revealed that R92 admitted into the facility with the following medical diagnoses, Cerebral Infarction and Sepsis. A review of the most recent Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 11/15 indicating an impaired cognition. R92 also required staff assistance with bed mobility and transfers.</p> <p>ICP C stated they knew the phone line was disconnected when the previous ICP tried to get consent from the responsible party, but they were unsure what happened after that.</p> <p>A review of a facility policy titled, Pneumonia noted the following, Procedure .1. Offer pneumococcal vaccine to residents on admission .2. Offer annual influenza vaccine.</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>44750</p> <p>Based on interview and record review, the facility failed to obtain consent or declination for the COVID-19 immunization for two residents (R34 and R92) out of five reviewed for immunizations. Findings include:</p> <p>On 03/25/2025 at 11:30 AM, the infection control task was completed with the Director of Nursing (DON) and acting Infection Control Preventionist (ICP) C.</p> <p>R34</p> <p>A request was made to review the Covid-19 consent or declination for R34.</p> <p>ICP C stated they knew that the responsible party for R34 refused all vaccinations, however they did not know where the papers were with the refusal.</p> <p>A review of the medical record revealed that R34 admitted into the facility with the following medical diagnoses, Dysphagia and Cerebral Infarction. A review of the most recent Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 99, indicating they were unable to complete the assessment. R34 also required staff assistance with bed mobility and transfers.</p> <p>No consent or declination was received by the end of survey.</p> <p>R92</p> <p>A request was made to review the Covid-19 consent or declination for R92.</p> <p>The sheet provided did not have any signatures. The sheet documented the words disconnected 11/11/24, 15:15 written at the bottom.</p> <p>A review of the medical record revealed that R92 admitted into the facility with the following medical diagnoses, Cerebral Infarction and Sepsis. A review of the most recent Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 11/15 indicating an impaired cognition. R92 also required staff assistance with bed mobility and transfers.</p> <p>ICP C stated they knew the phone line was disconnected when the previous ICP tried to get consent from the responsible party, but they were unsure what happened after that.</p> <p>A review of a facility policy titled, Covid noted the following, .Documenting COVID-19 .The facility will maintain documentation for all residents and staff on COVID-19 vaccination.</p>		

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  03/25/2025
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 28776</p> <p>Based on observation, interview, and record review, the facility failed to maintain a tube feeding pole and floor in a sanitary manner for three sampled residents (R3, R19, and R85) out of five reviewed for tube feeding. Findings include:</p> <p><b>R3</b></p> <p>On 3/23/25 at 10:01 AM, R3 was observed in bed with a tube feeding pole next to the bed. The pole and floor were observed with large amounts of dried formula on them.</p> <p>On 3/24/25 at 9:04 AM and at 2:27 PM, the tube feeding pole and floor was observed in the same condition.</p> <p>A review of R3's medical record noted, R3 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis of Debility, Cardiorespiratory Conditions. A review of R3's annual Minimum Data Set (MDS) assessment, dated 2/2/25 noted, R3 with a severely impaired cognition and dependent of staff for activities of daily living (ADLs).</p> <p>A review of R3's order noted, in the evening Jevity 1.5 @60cc/hr x 16 hrs (hours) Up at 6pm for 16 hours or until dose complete to provide 960cc (cubic centimeter) formula, 1440 kcal (Kilocalorie), 61.2g (grams) protein. Provide 35cc/hr x 16hrs water to provide 560cc. 4/5/24.</p> <p><b>R19</b></p> <p>On 3/23/25 at 11:21 AM, R19 was observed in bed with a tube feeding pole next to the bed. The pole and floor were observed with large amounts of dried formula on them.</p> <p>On 3/24/25 at 2:24 PM, the tube feeding pole and floor was observed in the same condition.</p> <p>A review of R19's medical record noted, R19 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis with Hemiplegia and Hemiparesis, aphasia follow CVA (Cerebrovascular Accident). A review of R19's MDS assessment dated [DATE] noted R19 with a severely impaired cognition and dependent of staff for ADLs.</p> <p>A review of R19's order revealed, one time a day Jevity 1.5 via PEG continuously via pump @ 70cc/hr x 12 hrs. Up @ 730pm until 730am dose complete to provide 840cc, 1260kcal, 53.6g pro. Provide 480cc water via auto flush over 12 hrs (40cc/hr x 12hrs).</p> <p><b>R85</b></p> <p>On 3/23/25 at 10:06 AM, R85 was observed in bed with a tube feeding pole next to the bed. The pole and floor were observed with large amounts of dried formula on them.</p> <p>On 3/24/25 at 9:45 AM, the tube feeding pole and floor was observed in the same condition.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  The Orchards at Harper Woods		STREET ADDRESS, CITY, STATE, ZIP CODE  19840 Harper Ave Harper Woods, MI 48225	
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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/25/25 at 1:46 PM, the Director of Nursing (DON) was asked the facility's expectation regarding cleaning spilled formula. The DON reported the Nurses are wiped if down if they spill and housekeeping when there is a needed.</p> <p>A review of the facility's policy titled, Daily Cleaning Procedures undated revealed, . 5) Disinfect. Work your way clockwise around the room (starting at the door and finishing at the door) and disinfect flat surfaces and high-touch items. This includes, but is not limited to: doorknobs, light switches, call lights, TV remotes, bed side [NAME], bed frames, footboards and headboards, bedside tables, closet handles, window sills, chairs . 9. Damp Mop. Damp mop perimeter of the room. Then stat at back of room and use a figure 8 motion to damp mop the entire floor while working your way back to the door .</p>		