| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235480 | A. Building<br>B. Wing | 05/07/2026 |

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| The Orchards at Harper Woods | 19840 Harper Avenue<br>Harper Woods, MI 48225 |

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| F 0814<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Dispose of garbage and refuse properly.<br><br>Based on observation, interview, and record review, the facility failed to maintain the exterior trash refuse area in a clean manner, resulting in the potential for odors and the attraction of pests and rodents. This deficient practice had the potential to affect all residents, staff and visitors. Findings include:On 5/5/26 at approximately 9:00 AM, the exterior dumpster area was observed with a pile of various trash items on the ground behind the dumpster, and the trash was sitting in a pool of stagnant, standing water. When queried on 5/5/26 at 2:30 PM, the Maintenance Director confirmed the trash buildup and stated one of his guys had already gone out and cleaned it up. Review of the facility's undated policy Physical Plant Exterior Maintenance On 5/7/26 at 11:00 AM noted: Building Grounds 1. Clean the building's exterior and grounds of all trash, rubbish, debris, unused equipment/furniture, in addition to periodic cleaning of problem areas. |

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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| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide care and assistance to perform activities of daily living for any resident who is unable.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake 3004617Based on observation, interview, and record review, the facility failed to provide showers as scheduled and per resident preferred frequency for three (R1, R11, R118) of five residents reviewed for showers and failed to provide set up and feeding assistance for one (R104) of one resident reviewed for feeding assistance. Findings include:<br><br>R1<br><br>On 05/05/2026 at 11:27 AM, R1 was interviewed at bedside and reported they were not getting their showers. R1 was asked if they preferred a bed bath or a shower and reported they preferred a shower and denied refusing showers.<br><br>Review of the facility record revealed R1 was initially admitted into the facility on [DATE] with diagnoses including Cerebral Infarction with Left Hemiplegia. The Minimum Data Set (MDS) assessment dated [DATE] indicated R1's cognition was intact and they were dependent on staff for bathing.<br><br>On 05/07/2026 at 11:01 AM, Certified Nursing Assistant (CNA) D was interviewed and asked how they know their schedule of resident's to be bathed and how they document bathing. They showed the location of a binder which contained the daily shower schedule as well as the shower sheets (paper documents used to document bathing) to be completed when bathing and skin inspection is completed. They reported bathing is also documented in the electronic medical record (EMR) under the task tab.<br><br>Review of R1's shower schedule, shower sheets, and EMR bathing task record revealed they were scheduled for a shower every Tuesday and Friday during the day shift. Of ten scheduled showers between 03/06/26 and 04/07/26, two showers were documented as completed and one documented as refused. For the remaining seven scheduled showers there were no shower sheets completed, and five of the seven dates were documented in the EMR as Not Applicable rather than as completed or refused. There were no progress notes documenting an explanation for the Not Applicable status.<br><br>On 05/07/2026 at 11:39 AM, R1 was interviewed at bedside and asked about the missing showers they reported. R1 reported they had not been given any explanation for missed showers. When asked how they feel when they don't have a shower they stated, No good.<br><br>R11<br><br>On 05/05/2026 at 11:01 AM, R11 was interviewed at bedside and reported they were not getting a shower regularly.<br><br>Review of R11's facility record revealed the most recent admission date of 01/17/25 with diagnoses including Spina Bifida (neurological condition causing incontinence, loss of sensation, and leg paralysis) and Local Infection of the Skin and Subcutaneous (just below the skin) Tissue. The MDS assessment dated [DATE] indicated R11's cognition was intact and they required Maximal Assistance for bathing completion.<br><br>On 05/06/2026 at 9:13 AM, R11 reported they were scheduled for a shower on Tuesday and<br>(continued on next page) |

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| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Saturday's during the afternoon shift and they did not receive a shower the previous day Tuesday.<br><br>On 05/07/2026 at 11:20 AM, R11 was interviewed at bedside. They were asked if they preferred to have a shower once or twice weekly and they reported they preferred twice saying when they don't have a shower regularly, they worry if they smell poorly and about their skin.<br><br>Review of R11's shower schedule, shower sheets, and EMR bathing task revealed they were scheduled for showers on Tuesday and Saturday afternoons. The shower sheets and bathing task record revealed during the period between 03/24/26 and 04/28/26 that five of eleven scheduled showers were not documented as completed. There were no progress notes addressing any missed or refused showers.<br><br>R118<br><br>On 05/05/2026 at 11:00 AM, R118 was interviewed at bedside and reported they were not getting their shower on a regular basis.<br><br>Review of the facility record for R118 revealed they were admitted into the facility on [DATE] with diagnoses including Heart Failure and Recent Fall from/on Steps/Stairs. The MDS assessment dated [DATE] indicated R118's cognition was intact and they required Moderate Assistance for bathing completion.<br><br>On 05/07/2026 at 11:29 AM, R118 was interviewed in their room and asked if they could recall ever being given a reason for not getting their shower and they reported they could not. They were asked if they ever refuse their shower and they stated I only refused it one time and that was because the person walked in and I didn't even know who they were and they said, You're getting a shower today in a rude way so I didn't take it. When asked how they feel when they don't have a shower R118 stated Grungy .smelly.<br><br>Review of R118's shower schedule, shower sheets, and EMR bathing task record revealed they were scheduled for showers on Monday and Thursday afternoon shift, and five of eleven scheduled showers were not documented as being completed between admission and 05/05/26. There were no progress notes in R11's record addressing missed showers. The EMR bathing task was recorded as Not Applicable on 04/16/26 and 04/27/26.<br><br>On 05/07/2026 at 12:02 PM, Unit Manager (UM) B was interviewed and asked their expectation for resident's who are scheduled for twice weekly bathing. UM B reported they should be offered a shower on their scheduled day and if they refuse they should be offered a bed bath as an alternative. UM B reported if the resident refuses three times on the scheduled shift they should be asked the following day. UM B reported any bathing completion or bathing refusals should be documented on shower sheets as well as in the EMR bathing task record.<br><br>On 05/07/2026 at 12:15 PM, Assistant Director of Nursing (ADON) A was interviewed in the conference room and asked their expectation for bathing for residents who are scheduled for twice weekly showers. ADON A reported the shower should be offered on the scheduled days and any refusals should be documented on the shower sheet and on the bathing task item in the electronic medical record.<br><br>A facility policy addressing general expectations for Activities of Daily Living (ADL) care was<br>(continued on next page) |

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| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | requested. The provided policy addressed only the procedural checklist for bathing a resident and did not address frequency or resident preference for frequency of bathing. The facility Administrator reported no additional ADL policy was available.<br><br>R104<br><br>On 5/5/2026 at 2:20 PM, R104 was observed lying in bed with their lunch tray in front of them. R104 was observed eating a magic cup (nutritional supplement) independently. R104's hands were noted to be shaking, and some of the magic cup was observed spilled on R104's sheets.<br><br>A review of the medical record revealed R104 was admitted into the facility on [DATE] with the following medical diagnoses, Parkinsons Disease and Seizures. A review of the Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 7/15 indicating impaired cognition. R104 also required staff assistance with bed mobility and transfers.<br><br>Further review of the physician orders revealed the following order, Order: 1:1 assist with meals.Ordered:1/9/2025.Status: Active.<br><br>On 5/6/2026 at 12:39 PM, R104 was observed lying in bed, sleeping. R104's bed was in the lowest position with their head of bed slightly elevated. R104's lunch tray was noted to be in front of them on their bedside table. R104's lunch tray was noted to have the lid still on it, covers on the magic shakes, and the milk and juice cartons were unopened. At 12:47 PM, R104's tray remained untouched and no one was in the room assisting with feeding. R104 tray was picked up by the Certified Nursing Assistant (CNA) untouched.<br><br>On 5/7/2026 at 8:55 AM, R104 was observed lying in bed, sleeping. R104's bed was in the lowest position with their head of bed slightly elevated. R104's lunch tray was noted to be on their bedside table, on the side of them. R104's lunch tray was noted to have the lid still on it, covers on the magic shakes, and the milk and juice cartons were unopened.<br><br>On 5/7/2026 at 9:01 AM, an interview was conducted with CNA M. CNA M reported when someone requires feeding assistance, it is usually on the tray ticket and R104 did not have it listed on their tray ticket. CNA M reported they were still going to assist in feeding R104 because they noticed they had not touched their food.<br><br>On 5/7/2026 at 10:24 AM, an interview was conducted with Registered Dietitian (RD) L. RD L reported R104 had some weight loss in the past but has since gained it back and is stable. RD L reported R104 prefers supplements, rather than eating food and they are hit or miss. RD L reported because of this they are a 1:1 feeding assistance, for encouragement and help if needed. RD L reported their expectation is that the staff provide set up tray assistance (taking off coves, lids, and opening cartons) for R104 and provide additional help if needed. |

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| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to develop a comprehensive pressure ulcer care plan with goals, interventions, and desired outcomes for one resident (R35) out of seven residents reviewed for care planning. Findings include:On 05/06/2026 at 2:27 PM, R35 was observed lying in bed on an air mattress with the air mattress pump device resting face down on the floor near the foot of the bed. Registered Nurse (RN) F, who was nearby in the hallway, was asked if the air mattress pump was on. Along with the nurse, the device was observed to be off.A review of R35's Electronic Medical Record (EMR) revealed they were admitted into the facility 10/01/2024 with diagnoses of cerebral infarction (stroke), weakness, and vascular dementia. R35's most recent quarterly Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 99, indicating that they were not able to complete their mental status interview. Review of section M of this MDS revealed R35 had one stage two pressure ulcer (partial-thickness loss of skin presenting as a shallow open ulcer) that was not present upon admission.Further review of R35's EMR did not reveal a care plan for management of pressure ulcers.On 05/07/2026 at 9:36 AM, an interview was conducted with Wound Care Licensed Practical Nurse (LPN) E who said, it is standard procedure for every resident with a skin issue to get a care plan for it.On 05/07/2026 at 10:32 AM, an interview was conducted with the Assistant Director of Nursing (ADON). When asked about care planning for residents with pressure ulcers, they stated that a pressure ulcer care plan specific to each resident's wound care needs should be in place, especially when it is actively being treated.Review of a facility policy titled MDS Standard Operating Procedures: Comprehensive Plan of Care revealed that The comprehensive care plan must be patient centered.and describe that each resident is provided the necessary care and services including resident's choices to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment or quarterly review. |

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| F 0657<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to revise and implement specific interventions on the fall care plan following a fall for one resident (R41) of seven reviewed for accidents. Findings include:On 5/5/26 at 10:00 AM, R41 was interviewed and asked if they had ever fallen at the facility. R41 indicated they had bumped their leg on their wheelchair a few days ago. A review of an incident/accident report involving R41 revealed the following, 3/1/2026 .Description: At approximately 4:00 PM, resident was observed .sitting in wheelchair and slid down from chair on to [their] buttocks .Resident found sitting on floor. Resident assisted back to wheelchair .Action Taken: Resident assessed head-to-toe. Vital signs obtained. No injuries noted . A review of R41's fall care plan and interventions revealed no additional fall interventions had been added to their care plan following their fall on 3/1/26. A further review of R41's electronic medical record (EMR) revealed R41 was originally admitted to the facility on [DATE] with diagnoses that included Chronic Obstructive Pulmonary Disease (COPD-lung disease) and Dementia. R41's most recent minimum data set assessment (MDS) dated [DATE] revealed R41 had a moderately impaired cognition and required assistance for all activities of daily living (ADLs) other than eating. On 5/7/26 at 11:33 AM, an interview was conducted with the Assistant Director of Nursing (ADON) and they were asked about the process for adding interventions to a residents' care plan following a fall. The ADON indicated nursing should complete an assessment following the fall and an additional intervention should be added to the care plan to avoid another fall. A facility policy titled, Fall Management Guidelines revealed the following, .Guidelines .12. The IDT [Interdisciplinary Team] will review/modify the plan of care to minimize the risk of repeat falls. |

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident?s preferences and goals.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake 3004617.Based on observation, interview, and record review, the facility failed to follow physician ordered heel boots and palm protectors for two residents (R14 and R45) and implement orders following a change in skin for one resident (R113) out of four reviewed for quality of care. Findings include:R14A review of the medical record revealed that R14 admitted into the facility on 5/10/2021 with the following medical diagnoses, Hypertension and Peripheral Vascular Disease. A review of the MDS dated [DATE] revealed a BIMS score of 9/15, indicating an impaired cognition. R14 also required staff assistance with bed mobility and transfers. Further review of the physician's orders noted the following, Order: Heel Protectors while in bed as tolerated.Status: Active.On 5/5/2026 at 1:45 PM, R14 was observed in bed. No heel boots were observed in place.On 5/6/2026 at 8:56 AM and 11:09 AM, R14 was observed in bed. No heel boots were in place.On 5/7/2026 at 9:05 AM, an interview was conducted with R14. R14 reported they used to wear heel boots, but someone took them away and gave them to their roommate. R14 reported they used to have something on their heel, but they don't anymore.A review of the Treatment Administration Record (TAR) had check marks in the following days in the month of May, indicating that the heel protectors were applied, 5/1,5/2,5/5, and 5/6.On 5/7/2026 at 9:05 AM, an interview was conducted with Certified Nursing Assistant (CNA) K. CNA K reported they thought R14 had some heel boots in the room but were unable to find them. CNA K reported they were going to get some replacements from therapy. On 5/7/2026 at 11:51 AM, an interview was conducted with the Assistant Director of Nursing (ADON). ADON reported they expect the nurses to complete proper documentation and ensure they are following the physician's orders. The ADON reported the heel protectors' boot should be applied for preventative measures. R45A review of the medical record revealed R45 admitted into the facility on 1/26/2022 with the following medical diagnoses, Dementia, and Anxiety Disorder. A review of the Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 99, indicating R45 was unable to complete the assessment. R45 also required staff assistance with bed mobility and transfers.Further review of the physician orders revealed the following, Nursing Maintenance Program .Resident wears B/L (bilateral) palm protectors at all times except for hygiene care QD (everyday) by CNA's (Certified Nursing Assistant).On 5/5/2026 at 9:20 AM, R45 was observed laying in bed. R45 was noted to have contractures to both hands. No palm protectors were in place. On 5/6/2026 at 9:01 AM,11:07 AM, and 12:14 PM, R45 was observed laying in bed. No palm protectors were in place. On 5/7/2026 at 9:14 AM, R45 was observed laying in bed. No palm protectors were in place. On 5/7/2026 at 9:14 AM, an interview was conducted with CNA J. CNA J reported they do not apply palm protectors, and restorative staff are the ones that apply them and remove them. On 5/7/2026 at 9:15 AM, an interview was conducted with Restorative I. Restorative I reported R45 is no longer on the restorative program, and it is probably an old order. On 5/7/2026 at 11:55 AM, an interview was conducted with the Assistant Director of Nursing (ADON). The ADON reported they expect the order to be discontinued if it is no longer needed. R113A review of intake 3004617 noted the following, Complainant states that [NAME] did not have wounds when she entered the facility.A review of the medical record revealed that R113 was admitted into the facility on 3/31/2026 with the following medical diagnoses, Severe Protein Calorie Malnutrition and Anemia. A review of the Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 9/15, indicating an impaired cognition. R113 also required staff assistance with bed mobility and transfers. Further review of the medical record revealed a progress note dated 4/5/2026 that noted the following, The resident has a open area on back left side thigh. Writer asked resident does she know how it got there. Resident doesn't know how it got there. Triple Antibiotic ointment applied to area.A review of a skin note dated 4/15/2026 noted the following, Coccyx MASD(Moisture Associated Skin Damage) 5.5 x 1.3 x 0.2 cm with red excoriated weeping tissue. Periwound with<br>(continued on next page) |

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | surrounding area pink wound edges attached to wound base.Recommended treatment: Cleanse apply Triad leave open to air apply dailyFurther review of the physician orders did not reveal a treatment order related to the open area. On 5/7/2026 at 1:09 PM, an interview was conducted with Wound Care Nurse (WCN) E. WCN E reported when they were alerted about the open area, they put a wound care consult in and they discharged from the facility an hour after seeing wound care. WCN E was asked about the progress note dated 4/5/2026 that mentioned an open area to the thigh. WCN E reported they were unaware of R113 having an open area at that time. A request for a policy related to following physician's orders was requested, but not received by end of survey. |

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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to check and replace a wander guard (bracelet style device used to help prevent elopement) for one resident (R43) out of two reviewed for supervision. Findings include:On [DATE] at 12:49 PM, R45 was observed self-propelling in their wheelchair aimlessly throughout the hallway. R45 was observed wearing a wander guard on their right ankle.A review of the medical record revealed R43 was admitted into the facility on [DATE] with the following medical diagnoses, Major Depressive Disorder and Psychotic Disorder with Delusions. A review of the Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 99, indicating R43 was unable to complete the assessment and required staff assistance with bed mobility and transfers. Further review of the physician orders revealed the following, Wander Guard EXP May2025 FCC ID: KNKTX0003 A20080903 430KHZ, check for placement/ working properly, test and expiration date.On [DATE] at 10:31 AM, a request was made for documented checks or testing of the wander guard.On [DATE] at 11:31 AM, an interview was conducted with the Director of Nursing (DON) and they confirmed were unable to find any documentation the wander guard was being checked or tested (for functionality). The DON reported the order was not entered correctly, and it was not coming up on the treatment administration record (TAR) to check for placement, testing and expiration date.On [DATE] at 10:57 AM, an interview was conducted with Licensed Practical Nurse (LPN) H. LPN H reported they check the wanderguard devices on the TAR. LPN H reported it will pop up with the expiration date and placement. LPN H stated it does not pop up to check on the TAR for R45.On [DATE] at 11:57 AM, an interview was conducted with the Assistant Director of Nursing (ADON). The ADON stated if the order was entered properly it would have popped up on the TAR and they would have known it expired in [DATE] (over 1 year ago). The ADON reported if the wander guard device is expired and not working, it becomes a safety issue because it would not activate the alarm at the door if R45 were to attempt to elope from the facility.A review of a facility policy titled, Elopement did not address wander guard devices. |

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| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.<br><br>Based on observation, interview, and record review, the facility failed to properly store medications for one resident (R123) of one reviewed for medication storage. Findings include:On 05/05/2026 at 10:54 AM, the surveyor entered into the room of R123 who was not visibly seen at that time. An observation of their bedside table revealed a medication cup containing approximately 10 pills. R123 at this time exited the bathroom and was asked about the medications. R123 explained they were going to take them but had to use the bathroom first. On 05/05/2026 at 11:03 AM, the Director of Nursing (DON) was observed in the hallway and was requested to make the observation of R123's medications. The DON observed the medications, and requested the resident consume the medications in their presence. The DON asked the resident why they hadn't taken their medication and they explained they had to use the bathroom first. A review of R123's medical record revealed they were admitted into the facility on 4/4/23 with diagnoses which included Heart Disease, Anxiety and Hyperlipidemia. Further review revealed the resident was cognitively intact and required supervision for activities of daily living. Further review of R123's medical record did not reveal documentation that they were able to administer their own medications. On 05/06/2026 at 12:00 PM, the DON approached the surveyor and indicated that R123's assigned nurse is a newer nurse. A review of the facility's Medication Administration and General Guidelines policy revealed the following, .1. Medications are prepared, administered, and recorded only by licensed nursing, medical, pharmacy, or other personnel authorized by state laws .4. Residents are allowed to self-administer medications when specifically authorized by the attending physician and accordance with policy and procedure for self-administration of medications . |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235480 | A. Building<br>B. Wing | 05/07/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| The Orchards at Harper Woods | 19840 Harper Avenue<br>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) |
|---|---|
| F 0791<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide or obtain dental services for each resident.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow dentist recommendations for follow-up appointments for two residents (R56 and R86) out of two residents reviewed for dental services. Findings include:R56<br><br>On 5/5/2026 at 2:07 PM, R56 was observed laying in bed eating lunch. R56 was noted to have teeth missing. R56 was unable to recall if they had never seen a dentist in the facility.<br><br>A review of the medical record revealed that R56 admitted into the facility on 6/30/2023 with the following medical diagnoses, End Stage Heart Failure and Anemia. A review of the Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 6/15, indicating an impaired cognition. R56 also required staff assistance with bed mobility and transfers.<br><br>Further review of a dental consult dated 11/20/2026 noted the following, Action Required by Nursing Home Staff: Recommend patient be seen by an outside dentist, likely in a hospital setting, comprehensive care, including any extractions, fillings, cleanings, radiographs due to inability to perform thorough exam and patients' inability to articulate any dental concerns.<br><br>On 5/6/2026 at 11:41 AM, an interview was conducted with the Director of Nursing (DON). The DON reported when there is a dental consult, they get an email and put the order in for any recommendations. The DON reported they never received an email regarding the recommendation.<br><br>On 5/7/2026 at 9:54 AM, an interview was conducted with Social Worker (SW) G. SW G reported typically they receive an email summary form the dental service and they coordinate with the team.<br><br>On 05/05/2026 at 9:06 AM, an interview and observation of R86's mouth revealed many worn down and missing teeth. They stated they need some teeth implants, and that they've asked staff to see a dentist but have not seen one yet.<br><br>On 05/06/2026 at 9:48 AM, an additional interview was conducted with R86. They said they did not recall seeing a dentist this year, and that during their last appointment they remember being told someone would come in to clean their teeth, but they said that did not happen.<br><br>A review of R86's Electronic Medical Record (EMR) revealed they were admitted into the facility on 4/14/2021 with diagnoses of hemiplegia and hemiparesis (paralysis or weakness on one side of the body) following cerebral infarction (stroke), type two diabetes, and major depressive disorder. R86's most recent Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 14, indicating intact cognition.<br><br>A review of notes from R86's most recent annual dental exam dated 6/17/2025 revealed the following recommendations:<br><br>Recommend an exam and cleaning every 6 months due to plaque and calculus buildup<br><br>Recommend visit with the hygienist ASAP (as soon as possible) due to plaque and calculus buildup<br><br>Periodic oral exam 12/17/2025 and<br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235480 | A. Building<br>B. Wing | 05/07/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| The Orchards at Harper Woods | 19840 Harper Avenue<br>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.

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| F 0791<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Adult prophy (prophylaxis) 6/18/2025.<br><br>Review of R86's EMR did not reveal that these recommended follow-up dental appointments were conducted.<br><br>On 05/07/2026 at 1:00 PM, an interview was conducted with Scheduler C. They stated they did not get an order for scheduling any follow-up dental appointments for R86 after their annual dental exam on 6/17/25.<br><br>Review of a facility policy titled Social Service SOP (standard operating procedure): Dental Services, revealed that When a resident requires routine or emergency dental care, the Social Service staff will assist the resident to secure an appointment. |