

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235491	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/23/2024
NAME OF PROVIDER OR SUPPLIER  The Orchards at Roseville		STREET ADDRESS, CITY, STATE, ZIP CODE 25375 Kelly Rd Roseville, MI 48066	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40384</b></p> <p>This citation pertains to Intake: MI00145649</p> <p>Based on interview and record review, the facility failed to ensure an allegation of abuse was immediately reported to the State Agency (SA) for one resident (R902) of one resident reviewed for abuse. Findings include:</p> <p>A review of intake: MI00145649 revealed the following, [R902] was at a dialysis appointment today and she called police due to one of her caretakers assaulting her. The caretaker's name is [Certified Nursing Assistant (CNA) A.]</p> <p>A review of R902's medical record revealed they were initially admitted into the facility on [DATE] with diagnoses that included Chronic Respiratory Failure with Hypoxia, Heart Failure, End Stage Renal Disease, and Schizoaffective Disease. The medical record revealed R902 was cognitively intact and required one person assistance for bathing, bed mobility and toilet use.</p> <p>A review of the police report dated 7/12/24 from the local police agency where dialysis occurs revealed the following: .met with caller who was identified as [R902]. [R902] advised that her caretaker, later possibly identified as [CNA A], assaulted her at her dialysis appointment .</p> <p>A review of the police report dated 7/13/24 from the local police agency where R902 resided (the facility) at the time of the incident revealed the following: I was dispatched to the [nursing facility] on an A&amp;B (assault and battery) report. Dispatch advised the caller said her sister [R902] told her she was assaulted on 7/12/24 at a doctor's appointment [officer] spoke with [NAME] who was loud and was saying she wanted to press charges regarding the incident from 7/12/24 .</p> <p>A request was made for a Facility Reported Incident (FRI)/Investigation for the allegations of employee to resident abuse, and the Nursing Home Administrator (NHA) provided this Surveyor with a file.</p> <p>On 7/23/24 at 1:35 PM, the NHA was asked why a FRI had not been reported to the state agency. The NHA explained a discussion regarding whether the incident needed to be reported did occur during their investigation, and the incident was determined to be unsubstantiated.</p> <p>A review of the facility's Abuse and Neglect Prohibition policy revealed the following,</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>G. Reporting and Response .3. The Administrator or designee is responsible for reporting to the State Agency all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown origin and misappropriation of property:</p> <p>a. Immediately but no later than 2 hours after the allegation is made if the allegation involves abuse or result in serious bodily injury.</p> <p>b. Or not later than 24 hours if the events that cause the allegation do not involve abuse or serious injury .</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> 40384</p> <p>This citation pertains to Intake: MI00145702</p> <p>Based on observation, interview, and record review the facility failed to consistently complete and document ordered wound care treatment, and timely implement treatment interventions for one Resident (R901) of one resident reviewed for pressure ulcers. Findings include:</p> <p>A review of Intake MI00145702 revealed the following, .the facility isn't getting the resident out of bed or turning him, so [they are] concerned that the bed sores are no longer healed and could potentially be getting worse .</p> <p>On 7/23/24 at 9:38 AM, R901 was observed lying in bed on their back, head elevated, feet flat on the mattress. R901 was asked if they ever get repositioned and they stated, No. There were no pillows or wedges observed in the resident's room.</p> <p>A review of R901's medical record revealed that they were admitted into the facility on [DATE] with diagnoses of heart failure, dementia, and gastrotomy status. The medical record revealed R901 was moderately cognitively impaired and required extensive assistance for bed mobility.</p> <p>A review of the Progress Notes for R901 revealed the following:</p> <p>7/1/2024 11:24 Skin/Wound Note</p> <p>. Upon completing weekly skin assessment during shower writer observed open area to coccyx with minimal bleeding present. MD (medical doctor) notified rec'd (received) new orders given for wound consult and cleanse area with NS (normal saline) pat dry and apply dry drsg (dressing) daily and PRN (as needed) until seen by wound care nurse. New orders transcribed and treatment applied to affected area .</p> <p>7/17/2024 14:42 (2:42pm) Skin/Wound Note</p> <p>Encounter Date: 07-17-2024</p> <p>Chief Complaint: Follow-up consult regarding coccyx .coccyx stage II pressure ulcer is was resolved and reopened 1.0 x 1.0cm 100% red pink tissue dry tissue scant serous drainage. The periwound is pink fragile. The wound edges are attached to the wound base. There is no odor .Assessments/Plans: Coccyx stage II pressure ulcer. Recommended treatment</p> <p>Cleanse pat dry apply Triad to coccyx leave open to air apply daily and as needed. Reposition, Nutritional support to promote wound healing, Encouraged to float heels with heels, suspension boots while in bed .</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 R901's orders revealed the following ordered on 7/2/24, [Name Brand] Wound Dress External Paste (Wound Dressings) Apply to right buttock topically one time a day for wound care cleanse with wound cleanser or NS, pat dry, apply [name brand] cream and leave open to air AND Apply to right buttock topically as needed for wound care.</p> <p>A review of R901's Treatment Administration Record (TAR) revealed missing treatments on 7/3/24, 7/4/24, 7/10/24, 7/13/24, 7/14/24, 7/18/24, and 7/19/24.</p> <p>On 7/23/24 at 11:47am and 1:45pm, R901 was observed lying in the same position as they were observed in at 9:38am. R901 was again asked if someone had repositioned them, and they stated, No.</p> <p>A review of R901's skin care plan revealed no updated treatment interventions or revisions related to the resident's new skin impairment and revealed the following, Focus: I have potential/actual impairment to skin integrity of the r/t (related to) Fragile Skin. Date Initiated: 04/25/2024. Revision on: 05/28/2024 .Encourage good nutrition and hydration in order to promote healthier skin. Date Initiated: 06/06/2024. Keep my skin clean and dry. Use lotion on dry skin. Date Initiated: 06/06/2024 .</p> <p>On 7/23/24 at 1:50 PM, the Director of Nursing (DON) was asked what the expectations for repositioning and the completion of wound care treatments were and acknowledged they should be completed as ordered and care planned.</p> <p>A review of the facility's Skin Management Facility Guidelines revealed the following, .3. Residents admitted with skin impairments will have:</p> <ul style="list-style-type: none"> <li>. Appropriate interventions implemented to promote healing</li> <li>. A physician ' s order for treatment.</li> <li>. Treatment Record initiated, and</li> <li>. Wound location and characteristics documented</li> <li>. Identify any physical, functional, and/or psychological complications related to an existing ulcer for examples, pain, cellulitis, osteomyelitis, or social isolation .5. A Care Plan is developed upon admission and may address:</li> <li>. Identifying the contributing Risks for breakdown</li> <li>. Hydration</li> <li>. Nutrition</li> <li>. Preventative devices</li> <li>. Physical activity</li> <li>. Positioning requirements</li> </ul> <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>. Proper body alignment</p> <p>. Education - when appropriate .</p>		