

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 01/08/2025
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 0584</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 a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46956</p> <p>This citation pertains to intake M100148727.</p> <p>Based on observation, interview, and record review, the facility failed to provide a safe, clean, comfortable, home-like environment for one (R704) of three residents reviewed for environmental concerns. Findings include:</p> <p>Review of the facility record for R704 revealed an admitted [DATE] with diagnoses that included Metabolic Encephalopathy, Sepsis and Urinary Tract Infection. R704 was discharged to another facility on 12/06/24.</p> <p>On 01/08/25 at 12:30 PM, R704's former room (room [ROOM NUMBER]) was inspected. The bathroom sink had been caulked along the length of the top and side contact with the wall. This caulk line was broken along the entire length and had the appearance of the sink coming away from the wall. There were multiple holes in the wall with exposed drywall adjacent to the toilet where a toilet paper holder had been removed and not repaired. The heat register on the wall under the windows of the bedroom area was missing the cover plates of the heating coil leaving the coil exposed and easily able to be touched from a standing or seated height.</p> <p>On 01/08/25 at 2:25 PM, room [ROOM NUMBER] was toured with the facility Administrator (NHA). The NHA acknowledged the appearance of the broken caulk line around the bathroom sink, the holes in the wall from the former placement of the toilet paper holder, and the condition of the heat register having exposed heating coils. The NHA reported their expectation was that the caulking and the holes in the bathroom wall should have been repaired and the heat coils should have the covering grid plates in place.</p> <p>On 01/08/25 at 1:53 PM, a facility policy addressing homelike environment was requested and was not provided by the time of survey exit.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46956</p> <p>This citation pertains to intake M100148727.</p> <p>Based on interview and record review, the facility failed to complete an initial skin assessment and place initial wound care orders for one (R704) of three residents reviewed for wound care services. Findings include:</p> <p>Review of the facility record for R704 revealed an admitted [DATE] with diagnoses that included Metabolic Encephalopathy, Sepsis, and Urinary Tract Infection. R704 was discharged to another facility on 12/06/24.</p> <p>Review of R704's Admission Note dated 11/30/24 documented, Patient received on unit at 1800 (6 PM) alert and oriented x 2-3, stage 4 (Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling) wound reported on buttock .</p> <p>There was no initial skin assessment, treatment orders, or documentation of wound care provided from 11/30/24 to 12/3/24.</p> <p>Review of the physician orders dated 12/3/24 revealed wound care orders for the sacrum and bilateral buttocks, Cleanse with NS (normal saline)/wound cleanser, pat dry. Apply Medihoney and cover with dry dressing. R704's Treatment Administration Record (TAR) reflected the wound care was completed 12/04/24 thru 12/06/24.</p> <p>On 01/08/25 at 12:53 PM, the facility wound care nurse, Licensed Practical Nurse (LPN) B was asked to describe the facility process for assessing and treating skin/wounds for newly admitting patients. LPN B reported the admitting nurse should complete a full skin assessment and if there is a wound they should put in orders, at minimum, for a dry dressing until the wound care nurse further assesses the wound.</p> <p>On 01/08/25 at 1:12 PM, Wound Care Nurse Practitioner (NP) C reported they do weekly wound care rounds on Wednesdays. NP C said they had assessed R704's wound on 12/4/24 documenting the wound was staged as unstageable (100% eschar-dead skin tissue).</p> <p>On 01/08/25 at 1:41 PM, the facility Director of Nursing (DON) reported they began working at the facility the previous week and therefore was not involved in or familiar with R704's stay at the facility.</p> <p>Review of the undated facility policy Pressure Ulcer and Skin Care Management revealed the policy statement A resident having pressure ulcers receives necessary treatment and services to promote healing, prevent infection and reduce the risk of new pressure ulcers developing. The procedure portion of the policy includes the entry A licensed nurse checks the resident's body for the presence of pressure ulcers, wounds and other skin conditions at admission or readmission to the facility.</p>		