

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  06/10/2025
NAME OF PROVIDER OR SUPPLIER  The Orchards at Roseville		STREET ADDRESS, CITY, STATE, ZIP CODE  25375 Kelly Road 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 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> This citation pertains to Intake: MI00153342.</p> <p>Based on observation, interview, and record review, the facility failed to ensure coordination of care between the facility and hospice services, implement a plan of care regarding hospice services, and ensure a signed agreement between all hospice entities and the facility was obtained for three (R's 303, 304 &amp; 305) of three residents reviewed for quality of care. Findings include:</p> <p>R303</p> <p>On 6/10/25 at 10:39 AM, R303 was observed laying back in a chair in the community room. An interview could not be conducted with the resident due to their cognitive impairment.</p> <p>A review of the medical record revealed R303 was admitted to the facility on [DATE], with a readmission date of 12/29/22 and diagnoses that included: Alzheimer's disease and vascular dementia. A Minimum Data Set (MDS) assessment dated [DATE] documented severely impaired cognition for R303. R303 was dependent on staff for all Activities of Daily Living (ADLs).</p> <p>A review of a hospice document revealed R303 was enrolled in hospice services on 5/15/25.</p> <p>A review of a hospice care plan implemented on 6/4/25 noted the following intervention, . Collaborate care with Hospice service, MD (medical doctor), IDT (interdisciplinary team) . The care plan did not contain interventions on the care of services provided by the hospice entity or the plan of care expected from the facility staff.</p> <p>Further review of the Electronic Medical Record (EMR) and hospice binder revealed no documentation of a collaborative plan of care implemented for R303.</p> <p>R304</p> <p>On 6/10/25 at 10:48 AM, R304 was observed with their eyes closed lying on their back in bed. R304 was easily awakened by verbal prompts. An interview could not be conducted with the resident due to their cognitive impairment.</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 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the medical record revealed R304 was admitted to the facility on [DATE], with diagnoses that included: multiple sclerosis and dementia. A MDS assessment dated [DATE], noted a Brief Interview for Mental Status (BIMS) score of 03, which indicated severely impaired cognition and was dependent on staff for all ADLs.</p> <p>A review of a hospice document revealed R304 was enrolled in hospice services on 7/24/24.</p> <p>A review of a hospice care plan implemented on 9/10/24, noted one intervention . Provide my medications as scheduled and report any changes to (hospice name) .</p> <p>Further review of the Electronic Medical Record (EMR) and hospice binder revealed no documentation of a collaborative plan of care implemented for R304.</p> <p>R305</p> <p>On 6/10/25 at approximately 11:00 AM, R305 was observed sleeping in bed and did not awake to verbal stimuli.</p> <p>A review of the medical record revealed R305 was admitted to the facility on [DATE], with a diagnosis that included dementia. A MDS assessment dated [DATE], noted severely impaired cognition and was dependent on staff for all ADLs.</p> <p>A review of a hospice document revealed R305 was enrolled in hospice services on 5/23/24.</p> <p>A review of a hospice care plan implemented on 5/30/24, noted the following intervention . Consult with my physician and Social Services to have hospice care for me while I am staying with you .</p> <p>Further review of the Electronic Medical Record (EMR) and hospice binder revealed no documentation of a collaborative plan of care implemented for R305.</p> <p>A review of the hospice agreement for the hospice group assigned to R305, revealed an unsigned agreement from both parties- the hospice entity and the facility.</p> <p>On 6/10/25 at 11:57 AM, Licensed Practical Nurse (LPN) C (the nurse assigned to R's 303, 304 &amp; 305) was interviewed and asked if they knew the hospice role and responsibilities of care for R's 303, 304 &amp; 305. LPN C stated they weren't really sure but could ask someone in leadership.</p> <p>At 12:00 PM, Certified Nursing Assistant (CNA) D (assigned to R304) was interviewed and was asked if they knew what days hospice visited R304 and what care/services was provided for each visit. CNA D stated in part . I'm not sure of the days. Typically, I just catch them washing or feeding (the residents) . CNA D confirmed this is the only way they knew if they were responsible to bathe or provide feeding assistance to the residents or if hospice was responsible for the task, is by walking into the room and observing the hospice staff providing the service.</p> <p>At 12:07 PM, CNA E was interviewed and asked how they were made aware of hospice visits and what care hospice was expected to provide that day (bathing, feeding assistance etc.) CNA E stated, they really don't know until they see the hospice staff in the resident rooms. CNA E stated in part . in other facilities it's usually written down and we know .</p> <p>(continued on next page)</p>		

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<p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>At 12:12 PM, CNA F (assigned to R's 303 &amp; 305) was interviewed and asked if they knew the days hospice staff were expected to visit R's 303 &amp; 305 and what care/services the hospice staff was expected to provide. CNA F stated they never know when hospice is coming. CNA F stated in part . I don't know unless I walk in the room and see them (hospice staff) . CNA F was unsure of the collaboration of care with hospice services.</p> <p>On 6/10/25 at 12:57 PM, the facility's Administrator and Director of Nursing (DON) was interviewed and asked about the lack of coordination of care with hospice services and the inadequate hospice care plans for R's 303, 304 &amp; 305 and acknowledged the concerns. When asked about the hospice agreement for R305, the Administrator explained the hospice company had changed their name and the signed agreement they had on file was under the previous company name. When asked, the Administrator stated a new agreement had not been signed under the new company name.</p> <p>A review of a facility policy titled Hospice Services Facility Agreement revised November 2017, documented in part . If hospice care is furnished in the facility through an agreement, the facility will . Have a written agreement with the hospice that is signed by an authorized representative of the hospice and an authorized representative of the LTC (long term care) facility before hospice care is furnished to any resident . The facility will, under a written agreement, ensure that each resident's written plan of care includes both the most recent hospice plan of care and a description of the services furnished by the facility to attain or maintain the resident's highest practicable, physical, mental, and psychosocial well-being .</p>		