STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235491	A. Building B. Wing	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Orchards at Roseville	25375 Kelly Road Roseville, MI 48066

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain a homelike environment for five residents (R13, R59, R93, R129, and R130) out of 25 reviewed for homelike environment, in the 1st floor dining and shower rooms and the 2nd floor shower room. Findings include: On 06/02/2026 at 10:35 AM, the 1st floor South shower room was observed with black mildew in the corners of the shower area. On 06/02/2026 at 10:40 AM, the 1st floor North shower room was observed with black mildew along the bottom wall tiles and in the grout in between the tiles. On 06/02/2026 at 10:50 AM, Resident 93 (R 93) was observed sitting in a chair in the hallway directly outside their room. When R 93 stood up, the chair was observed with 2 large tears in the vinyl of the seat cushion, and foam padding was exposed. The surface of the seat cushion was not smooth and easily cleanable. 06/02/2026 at 9:27 AM, Resident 13 (R 13) reported the shower rooms need to be replaced and that they are old. On 06/02/2026 at 12:09 PM, in the second-floor shower room, there was a thick layer of dust on the interior baffles of the ceiling vent. In addition, there was mildew on the tiles and there were numerous cracked and missing floor tiles. In the attached bathroom, there was a shower chair observed with a brown, dried on substance on the seat cushion. On 06/02/2026 at 12:15 PM, in the first-floor dining room, there were 5 resident dining tables observed with peeling and missing laminate. Also in the dining room, the sink countertop was observed with missing laminate topcoat, leaving exposed, rough particle board along the edges of the counter. Review of the facility policy Resident Rights on 06/03/2026 at 1:40 PM noted: Safe environment. The resident has a right to a safe, clean, comfortable and homelike environment . On 6/2/26 at 9:33 AM, an observation of the flooring around R59's bed revealed that multiple floor tiles appeared loose, broken, and chipped. (continued on next page)

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 6/2/26 at 10:05 AM, R59 was interviewed regarding the observed tiles but was unable to respond. On 6/3/26 at 11:40 AM, Director of Housekeeping (DH) G was interviewed in R59's room and shown the floor tiles. DH G indicated they would inform the Maintenance Director. A review of R59's electronic medical record (EMR) revealed that R59 was admitted to the facility on [DATE] with diagnoses that included Alzheimer's disease and Dementia. R59's most recent Minimum Data Set Assessment (MDS) dated [DATE] revealed that they had a severely impaired cognition and required staff assistance for all activities of daily living (ADLs). On 06/02/2026 at 10:18 AM, an observation of R129's room revealed a built up layer of dirt in the corners of the room and along the baseboards. Further observation of the room revealed an approximately two foot long section of crumbling drywall behind the baseboard on the wall opposite the entry door and an outlet cover partially detached from the wall. Observation of the bathroom revealed peeling paint around the baseboards, and a prominent ring of a dark brown substance around the upper rim of the toilet basin. R129 stated that their bathroom was filthy because the toilet and sink have not been cleaned for a week, and voiced concerns regarding the previously described crumbling section of drywall and soiled areas of the floor. A review of R129's electronic medical record (EMR) revealed they were admitted into the facility 5/19/2026 with diagnoses of lymphedema (swelling due to accumulated fluids), schizoaffective disorder, and tachycardia (fast heartbeat). Review of R129's most recent Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. On 06/03/2026 at 11:55 AM, an additional observation of R129's bathroom revealed dark discoloration several inches high along the bottom of the bathroom door, and heavily chipped paint along the entire bottom of the door and corners of the doorframe. Further observation of R129's room revealed a dark line on the wall approximately two feet off the floor across from R129's bed spanning most of the wall. The majority of the wallpaper along the top perimeter of the room was curling up at the bottom margin and peeling away from the wall. Several scratches in the paint on the radiator were observed, as well as two approximately one inch by four inch sections of chipped paint on the top ledge of the windowsill. R129 stated it was depressing to see all the scratches and dirt on the walls, and they felt their nose was getting stuffed up due to the dirt in their room. On 06/04/2026 at 10:04 AM, further observation of R129's room revealed a buildup of dirt near their bed in the corner between the radiator and the wall. On 06/04/2026 at 9:59 AM, an interview was conducted in R129's room with Housekeeper J. Housekeeper J stated the floors are cleaned almost every day unless a resident is getting care, and they will go back to that room if they have time. When Housekeeper J was shown the dirty areas and they said that some of it could be mopped or cleaned off. R130 On 6/2/2026 at 10:48 AM, R130 was observed sitting in their doorway. R130 stated they had to use the restroom but could not get to the toilet because there was a bedside commode (BSC) on the way. R130 stated they do not use the BSC and was unsure why it was in their bathroom. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the medical record revealed that R130 was admitted into the facility on 5/26/2026 with the following medical diagnoses, Repeated Falls and Muscle Weakness. A review of the Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 13/15, indicating an intact cognition. R130 also required staff assistance with bed mobility and transfers. On 06/03/2026 at 9:28 AM, the BSC was still stored in the bathroom and next to the toilet. On 06/03/2026 at 2:30 PM, the BSC was noted to be full of urine, feces, and toilet paper. R130 stated they did not use the BSC and did not know who came in to use the BSC. R130 stated they do share bathrooms; however, no one has been in the other room for the last three days. On 06/03/2026 at 3:15 PM, an interview was conducted with Certified Nursing Assistant (CNA) E. CNA E stated they took R130 to the bathroom that morning and the BSC was in the room. CNA E reported that R130 does not use the BSC and it's to high for R130 to get on. CNA E reported they were going to clean the BSC out but was unsure who used it because the room that shares the bathroom is empty. CNA E reported that R130 did complain to them about it, but they did not remove it because they were unsure why it was there. On 06/04/2026 at 9:09 AM, R130 reported the BSC was cleaned out, but still in their bathroom. R130 reported they were unsure why it hasn't been removed yet. On 06/04/2026 at 9:19 AM an interview was conducted with the Director of Nursing (DON). The DON reported R130 shares a bathroom and it may have belonged to the previous roommate in the other room. The DON then proceeded to remove the BSC out of R130's bathroom. An undated facility policy titled Social Service Standard Operating Procedures (SOP)- Resident Rights noted The resident has a right to a safe, clean, comfortable, and homelike environment.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to apply a supportive right wrist brace for one resident (R130) out of one reviewed for supportive devices. Findings include:A review of the medical record revealed R130 was admitted into the facility on 5/26/2026 with the following medical diagnoses, Repeated Falls and Muscle Weakness. A review of the Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 13/15, indicating an intact cognition. R130 also required staff assistance with bed mobility and transfers. A review of the physician's order revealed the following, Ordered: 5/27/2026 .Right Wrist Brace .Active.On 06/02/2026 at 2:05 PM, R130 was observed in the hallway with no right wrist brace observed in use.On 06/03/2026 at 9:36 AM, R130 was up in their wheelchair and eating breakfast. No right wrist brace was observed in use.On 06/03/2026 at 12:00 PM, R130 was asked about the right wrist brace and stated they have not worn it in a while, but they were wearing it after their fall at home. R130 stated they are unable to apply it independently and needed assistance. On 06/04/2026 at 9:18 AM, an interview was conducted with the Director of Nursing (DON). The DON indicated the therapy department usually gives a restorative plan and the device, and they enter the order to be follow. On 06/04/2026 at 9:21 AM, Occupational Therapist (OT) B was observed putting the right wrist brace on R130. OT B reported the brace is more for comfort and support when they need it. OT B confirmed R130 does need assistance applying it. R130 reported the right wrist brace makes a big difference as far as support and if they don't wear it, then their right wrist is just floppy.A review of a facility policy titled, Braces and Splints noted the following .4. The therapist should establish a schedule for the splint and communicate to the restorative nurse. 5. A physician order should be written to include, Where the splint/brace is to be worn, When the splint/brace is to be worn, and why the splint/brace is to be worn .

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Intake 3014173. Based on interview and record review, the facility failed to provide adequate and timely pain management for one (R126) of three residents reviewed for pain. Findings include:A review of an Intake called into the State Agency revealed the complainant reported they were admitted into the facility for rehabilitation following a hip fracture with surgical repair. The complainant indicated they were not provided with pain medication for up to 48 hours and when they inquired about their pain medication they were told it was on back order. A review of the medical records for R126 revealed they were admitted to the facility on [DATE] and discharged on 05/08/26 with diagnoses that included Displaced Intertrochanteric Fracture of Right Femur. The admission Minimum Data Set (MDS) assessment dated [DATE] indicated the resident's cognition was intact. A review of R126's physician orders revealed an order for Oxycodone (narcotic pain medication) 5 milligrams (mg) four times daily as needed for pain with an order date and start date of 05/05/26. A review of the resident's care plan revealed a focus area addressing pain/discomfort dated 05/05/26 that included the interventions Administer my analgesic (pain medication) per orders and Anticipate my need for pain relief and respond as soon as possible to all/any complaints or signs of pain. On 06/03/2026 at 10:50 AM, R126 was interviewed via phone and reported they were given one oxycodone pill and that was on the night before they left the facility. The resident confirmed they had been at the facility for about 48 hours having excruciating pain after having pain medication in the hospital then abruptly having nothing when they came to the facility. The resident confirmed staff told them, It (Oxycodone) was back ordered and was not offered any alternative to the Oxycodone. A review of R126's May 2026 Medication Administration Record (MAR) revealed the dates 05/05/26 and 05/06/26 were blank for the administration of Oxycodone, no record of pain levels, or explanation of lack of administration. The MAR documented on 05/07/26, Oxycodone 5 mg was administered at 07:05 PM (the night prior to the resident's discharge) for a pain level of 6/10 (0-10 pain scale with 10 being maximum pain). Review of R126's progress notes revealed no documentation addressing pain, any difficulty in obtaining the Oxycodone, or staff offering an alternative pain medication. On 06/03/2026 at 12:11 PM, the facility Director of Nursing (DON) was interviewed and reviewed R126's record. The DON said their expectation was the nurse should have been able to pull the medication from the backup supply and if the medication was not available it should have been available by the next day as their pharmacy delivers to the facility twice daily. On 06/04/2026 at 12:35 PM, Licensed Practical Nurse (LPN) D who worked with R126 on 5/5/26 and 5/6/26 was interviewed via phone. It was noted that LPN D had entered the resident's initial admission progress note on 5/5/26 and entered the Oxycodone order on 05/05/26. LPN D was asked if there is a delay in obtaining the ordered medication and reported an alternative can be provided if the physician orders it. Review of the undated facility policy Pain Management revealed the policy statement The facility will assess and identify residents experiencing pain, determine the type and severity of the pain and develop a care plan for pain management. The care plan is implemented and continually evaluated for its effectiveness. The staff monitors and documents the resident's response to pain management interventions. Procedure: 11. The staff will implement the care plan, monitor the resident, and administer therapeutic interventions for pain, if ordered.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. Based on observation, interview, and record review, the facility failed to maintain the dumpster area in a clean manner. This deficient practice had the potential to affect all residents in the facility. Findings include: On 06/02/2026 at 11:30 AM, the facility's 2 exterior trash dumpsters were observed. There was a buildup on the ground behind the dumpsters, of various items such as disposable gloves, straws, cups, paper, pieces of cardboard, water bottles, plastic bags, leaves and sticks. On 06/03/2026 at 9:50 AM, Maintenance Supervisor I was queried about the maintenance of the exterior dumpster area and stated that Maintenance was responsible for keeping the area clean but provided no further explanation. On 06/03/2026 at 2:40 PM, review of the facility's undated policy Physical Plant Exterior Maintenance noted: 1. Clean the building's exterior and grounds of all trash, rubbish, debris, unused equipment/furniture, in addition to periodic cleaning of problem areas.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation and interview, the facility failed to maintain general cleanliness and repair of the premises. This resulted in an increased potential for contamination, potentially affecting all residents. Findings Include: On 06/02/2026 at 11:28 AM, a ceiling tile located in the hallway right outside the basement boiler room, was observed with water damage across the entire 2'x4' ceiling tile. The ceiling tile was bulging downward and was stained with a large ring of a black, mold-like substance. On 06/03/2026 at 10:30 AM, Maintenance Supervisor I was queried about the water damaged ceiling tile. Maintenance Supervisor I confirmed the water damaged ceiling tile. Maintenance Supervisor I stated there was a leak somewhere above the ceiling tile. Maintenance Supervisor I stated an outside repair company had been out to look at the leak but was unable to repair it. Maintenance Supervisor I provided no further information regarding a plan going forward for repairing the leak. Maintenance Supervisor I removed the stained ceiling tile, which crumbled into several pieces while being removed. Upon observation of the piping above the ceiling tile, a leak was observed coming from piping high up into the ceiling, and a slow drip of water continued onto the floor.