

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 06/04/2026
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)		
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.		

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 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.		

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F 0923 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have enough outside ventilation via a window or mechanical ventilation, or both. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to maintain the building mechanical ventilation in good working order, resulting in stagnant air and odors. This deficient practice had the potential to affect all residents, staff and visitors. Findings include: On 06/02/2026 at 10:35 AM, the shower room located next to the therapy room on 1st floor South, was observed with Maintenance Supervisor I. The ambient air inside the room felt humid and heavy. The ceiling vent was checked by placing a piece of toilet tissue against the vent cover. There was no suction available to hold the piece of toilet tissue against the ventilation grate cover. Maintenance Supervisor I stated, It's not drawing air. I'll have to check the belts. On 06/02/2026 at 10:42 AM, the North and South Hall soiled utility room ceiling vents were checked and found to be non-functional On 06/02/2026 at 10:50 AM, the bathroom ceiling vents for rooms [ROOM NUMBERS] were also observed to be non-functional. On 06/03/2026 at 9:50 AM, Maintenance Supervisor I was queried regarding the non-functional vents, and stated it was due to broken belts, but provided no further explanation. a policy regarding the mechanical ventilation was requested on 06/03/2026 at 2:14 PM but was not provided by the end of the survey.		

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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. 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. (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 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. A review of the medical record revealed that R130 was admitted into the facility on 5/26/2026 with (continued on next page)		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 0656 Level of Harm - Minimal harm or potential for actual harm 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to develop a Post Traumatic Stress Disorder (PTSD) care plan for two residents (R3 and R115) out of three reviewed for mood/behavior. Findings include: R3 A review of the medical record revealed that R3 was admitted into the facility on [DATE] with the following medical diagnoses, PTSD and Schizoaffective Disorder, Bipolar Type. A review of the Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 14/15 indicating an intact cognition. PTSD was also coded as an active diagnosis on the MDS. Further review of R3's care plans did not reveal a care plan with goals and interventions addressing their PTSD. On 06/03/2026 at 1:04 PM an interview was conducted with Social Worker (SW) A. SW A reported they are responsible for creating the care plans addressing PTSD and they must have missed developing R3 and R15. R115 A review of R115's was admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis that include Post-Traumatic Stress Disorder (PTSD) chronic. A review of R115's Minimum Data Set (MDS) assessment dated [DATE] revealed R115 with an intact cognition and required assistance by staff to complete activities of daily living. A review of R115's medical record revealed, 5/28/2026 - Psychiatry Follow up . Reason: Depression/hallucinations. History of Present Illness . evaluated today for a follow-up visit . Mood remains at [R115's] baseline with intermittent episodes of depression. [R115] denies anxiety and suicidal ideations. [R115] reports continued intermittent visual hallucinations that [R115] is aware are not real and at times cause [R115] distress . A review of R115's care plan did not reveal interventions to address R115's PTSD diagnosis.		

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F 0657 Level of Harm - Minimal harm or potential for actual harm 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to review and revise the fall care plan after a fall for one resident (R7) out of one reviewed for care plan revision. Review of a nursing progress note for R7 dated 5/24/2026 revealed R7 was observed lying on the floor to the right side of their bed. The note further documented R7's physician recommended placement of a floor mat. Review of a progress note for R7 dated 5/26/2026 revealed the interdisciplinary team (IDT) met to discuss this fall for R7, and through root cause analysis determined R7 had rolled out of bed. This progress note specified an intervention for utilization of a fall mat while R7 is occupying the bed. On 06/03/2026 at 10:10 AM and 2:32 PM, R7 was observed resting in bed with no fall mat in place. On 06/04/2026 at 9:14 AM, R7 was observed resting in bed with a folded-up fall mat sitting in the corner of their room away from their bed. Review of R7's electronic medical record (EMR) revealed they were admitted into the facility 11/23/2020 with diagnoses of Chronic Obstructive Pulmonary Disease, Chronic Kidney Disease, and unspecified dementia. A review of R7's most recent Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 3, indicating impaired cognition. Review of R7's care plan for falls did not reveal it had been revised to indicate use of a fall mat while they are in bed. On 06/03/2026 at 2:29 PM, an interview was conducted with Licensed Practical Nurse (LPN) H. LPN H stated they were not sure if fall mats were put into place after R7's most recent fall. They further stated that since R7 was recently put on hospice, equipment like a fall mat would be provided by their hospice team but it had not come in yet. On 06/03/2026 at 3:37 PM, an interview was conducted with the Director of Nursing (DON). The DON confirmed R7 does need a fall mat because of their recent fall out of bed. They further stated that R7's care plan should have been updated to include a fall mat so staff would know to implement that intervention. An undated facility policy titled MDS Standard Operating Procedures- Comprehensive Plan of Care revealed The comprehensive plan of care must be consistent with resident rights and. Include intervention to attempt to manage risk factors. Be periodically reviewed and revised by the interdisciplinary team as changes in the resident's care and treatment occur.		

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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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview, and record review, the facility failed to maintain an accurate record of receipt and disposition of controlled drugs for one of three medication carts reviewed. Findings include: On 06/03/2026 at 3:53 PM, a reconciliation between the controlled substance logbook and the on-hand tablet count of three blister packs of controlled medications (Oxycodone 15mg, Pregabalin 50mg, and Lorazepam 0.5mg) from the second floor back cart revealed a discrepancy of one less tablet present in each of the three blister packs compared to the amount of tablets that should have been in the blister packs as indicated by the cart's controlled substance logbook. During this observation, an interview was conducted with Licensed Practical Nurse (LPN) F. LPN F stated they had been the one administering medication from the second floor back cart that day and they had given the doses of those three medications (to a resident) earlier but had not signed them out of the logbook. They further stated the expectations for signing controlled substances out of the logbook was, it needed to be done by the end of their shift. Review of the Medication Administration Record (MAR) for 6/3/26 revealed LPN 'F' administered: -Oxycodone 15mg was administered at 9:00AM, -Pregabalin 50mg was administered at 9:00AM and -Lorazepam 0.5mg was administered at 10:00AM. At 3:50 PM, a review of the controlled substance logbook on the cart did not reveal a record of the medications from these three blister packs having been signed out. On 06/03/2026 at 4:10 PM, an interview was conducted with the Director of Nursing (DON) and they confirmed it is not acceptable to wait until the end of the shift to sign controlled substances out of the logbook, and that each controlled substance must be signed out at the time they are taken out of the blister pack to administer to a resident. A facility policy dated 2024 titled PCU019- Controlled Medications- Administration revealed When a controlled medication is administered, the licensed nurse administering the medication immediately enters all of the following information on the accountability record: Date and time of administration, amount administered, signature of the nurse administering the dose, completed after the medication is actually administered.		

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 06/04/2026
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)		
F 0761 Level of Harm - Minimal harm or potential for actual harm 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to secure medications left unattended at the bedside for one (R37) of three residents reviewed for medication storage. Findings include: On 06/02/2026 at 9:53 AM, during an initial resident screening, R37's bedside table was observed to have a plastic medication cup with four pills inside sitting unattended. No residents or staff were in the room. At 10:45 AM, the medication cup with four pills remained unattended on R37's bedside table with no residents or staff present. At 12:40 PM, R37 had returned to their room and the plastic cup with four pills remained untouched on the bedside table. Review of the facility record for R37 revealed they were admitted to the facility on [DATE] with diagnoses including chronic kidney disease and Adult Failure to Thrive. The Minimum Data Set (MDS) assessment dated [DATE] indicated the resident's cognition was intact. On 06/03/2026 at 12:15 PM, the facility Director of Nursing (DON) was interviewed and said medication should not be left with the resident. If they refused or not taken for any reason they should not be left in the room, and the nurse should secure the medication until they are administered or disposed of. On 06/03/2026 at 1:50 PM, Licensed Practical Nurse (LPN) D who was R37's nurse the morning of 06/02/26, was interviewed at the medication cart and reported they were not aware R37 had not taken their medication. Review of the facility policy Medication Storage in the Facility dated 2024 revealed the Procedure statement 2. Only licensed nurses, the Consultant Pharmacist, and those lawfully authorized to administer medications are allowed unsupervised access to medications.		