

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235509	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/08/2024
NAME OF PROVIDER OR SUPPLIER The Orchards at Warren		STREET ADDRESS, CITY, STATE, ZIP CODE 12250 E 12 Mile Rd Warren, MI 48093	

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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46956</p> <p>This citation pertains to Intake M100147854.</p> <p>Based on interview and record review, the facility failed to complete a comprehensive nutritional assessment in a timely manner for one (R801) of three residents reviewed who were admitted with nutritional at-risk indicators. Findings include:</p> <p>Review of the facility record for R801 revealed an admitted [DATE] with diagnoses including Dysphagia (difficulty swallowing), Diabetes Mellitus, and Dementia. A transfer order from the hospital indicated the resident required a pureed diet.</p> <p>The resident's weights were documented on 10/15/24 (140 pounds) and 11/02/24 (131.7 pounds). R801's Care Plan indicated they required Extensive Assistance for eating. The Nurse Practitioner (NP) progress note dated 10/21/24 stated decreased oral intake, monitor for now.</p> <p>The Change of Condition note dated 11/08/24 indicated decreased appetite. Further review revealed no comprehensive nutritional assessment was completed by the Registered Dietician (RD).</p> <p>On 11/08/24 at 12:06 PM, RD A was interviewed by phone. RD A reviewed R801's record and confirmed they had not completed a nutritional assessment and stated It looks like it got missed. RD A reported their resident assessment would normally be completed within the first week of the resident's stay.</p> <p>On 11/08/24 at 12:57 PM, the facility Director of Nursing (DON) indicated the RD had located additional information so RD A was interviewed further via phone. RD A reported they had completed the Minimum Data Set (MDS) nutrition (Section K) assessment on 10/18/24 but confirmed the MDS section was not a comprehensive dietary evaluation and the full assessment did get missed. Considering the multiple dietary-related indicators (dysphagia/pureed diet, requiring eating assistance, decreased oral intake, decreased appetite and weight loss) RD A was asked if it was likely completion of a full RD assessment would have led to additional care interventions and they were not able to provide a definitive answer.</p> <p>On 11/08/24 at 1:02 PM, the DON was asked what their expectation was for completion of the Registered Dietician's full initial assessment and they stated they would have to review the policy before providing that information. By completion of the survey a response regarding the expectation was not provided.</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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A facility policy addressing the indications for and the timeliness of a dietary evaluation was requested however the provided policy addressed only the MDS assessments.</p>