

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 01/21/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40384</p> <p>This citation pertains to Intake: MI00149450.</p> <p>Based on interview and record review, the facility failed to notify the resident's representative of a change in condition for one resident (R901) of one resident reviewed for a change in condition. Findings include:</p> <p>On 1/21/25 at 9:32 AM, Confidential Family Member A was interviewed regarding R901, and explained they were unaware that R901 was showing any signs of a change in condition until another family member went to visit the resident on 1/9/25, and noticed a change in their abilities. Family Member A explained they requested the resident be transferred to the hospital on that day, and was later informed R901's physician had ordered tests to be completed days before the transfer, but wasn't informed of this, as they would have liked to be a part of the decision-making regarding the care of their loved one.</p> <p>A review of R901's medical record revealed they were admitted into the facility on [DATE] with diagnoses that included Acute and Chronic Respiratory Failure with Hypoxia, Diabetes, Dementia, and Heart Failure. Further review revealed the resident was severely cognitively impaired, and required limited assistance of one person for transfers and bed mobility per their care interventions initiated on 4/12/24 and 5/7/24.</p> <p>Further review of R901's medical record revealed the following progress notes:</p> <p>1/6/2025 06:42 (6:42am) Nurses Note</p> <p>Note Text: CNA (certified nursing assistant) reported changes in PT's (patient's) condition. PT no longer assist with bed mobility, noticed not transferring with wheelchair to toilet or bed .</p> <p>1/6/2025 14:58 (2:58pm) Nurses Note</p> <p>Note Text: Writer informed that resident has a change in condition. Resident has not been transferring or toileting as [R901] normally does. Resident needs 2 people and maximum assist with transfers and toileting. Resident is now needed to be changed instead of toileting and transferring [themselves] .</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1/6/2025 15:06 (3:06pm) Nurses Note</p> <p>Note Text: Resident has complained of leg and ankle pain. Denies having any falls.</p> <p>1/7/2025 19:20 (7:20pm) Nurses Note</p> <p>Note Text: Resident observed in room with mid (mild) distress noted. Resident complains of back and left knee pain. Writer informed that resident has a change in condition. Resident has not been transferring or toileting as [R901] normally does. Resident needs 2 people and maximum assist with transfers and toileting. Resident is now needed to be changed instead of toileting and transferring herself .</p> <p>1/9/2025 02:41(2:41am) Nurses Note</p> <p>Note Text: Patient has had an acute change in condition, observed within past 2 weeks no longer transferring with w/c (wheelchair), toileting self or getting out of bed .</p> <p>Further review of R901's progress notes revealed R901's guardian had not been contacted when the resident began showing a change in condition.</p> <p>On 1/21/25 at 1:32 PM, an interview was completed with Licensed Practical Nurse (LPN) B regarding R901's change in condition, and explained they were not that familiar with R901 but was initially informed of their change in condition, and asked to complete the documentation. LPN B explained Unit Manager C indicated they would contact the family.</p> <p>On 1/21/25 at 2:17 PM, Unit Manager C was interviewed via phone about R901's change in condition, specifically the family being contacted regarding the change. Unit Manager C explained they contacted the family however, they did not document the attempt.</p> <p>On 1/21/25 at 2:05 PM, the Director of Nursing (DON) was asked about R901's change in condition, and the family not being contacted. The DON explained the family should be notified of a change in condition.</p> <p>A review of the facility's Acute Change in Condition policy did not address the resident's representative being notified of a change in condition.</p>		