STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235509	A. Building B. Wing	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Orchards at Warren	12250 East 12 Mile Road 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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Intake 2984550.Based on interview and record review, the facility failed to document and/or complete wound care for one resident (R801) out of three reviewed for wound care. Findings include: A review of the medical record revealed R801 was admitted into the facility on 7/7/2025 with the following diagnoses, Pressure Ulcer of Sacral Region, Stage 3 (full thickness skin loss and exposure of the fatty tissue beneath) and Pressure Ulcer of Left Hip, Stage 3. Further review of the Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 3/15, indicating an impaired cognition. R801 also required staff assistance with bed mobility and transfers.Further review of the Treatment Administration Record (TAR) revealed the following, Cleanse coccyx (buttocks) with NS (Normal Saline), apply medihoney gel (draws moisture from wound to promote healing), and a dry dressing. Every day shift (7AM -3:30PM). Start date:7/9/2025.Additional review of the July 2025 TAR noted on July 10th,11th,12th, and 13th, the dates were left blank, indicating the treatment was not completed. No further documentation was noted in the medical record related to the treatments not being completed on those days.On 4/16/2026 at 12:42 pm, an interview was conducted with the Director of Nursing (DON). The DON reported they were unsure why the treatment was not charted on because they had a wound care nurse who completed the treatments. The DON reported they expect all treatments to be documented as it is completed.A review of a facility policy titled, Skin Management Guidelines noted the following, The facility is committed to providing care and services to residents to prevent the development of skin breakdown.

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