STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235521	A. Building B. Wing	03/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Orchards at Wayne	4427 Venoy Rd Wayne, MI 48184

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39958 This citation pertains to Intake MI00142000 and MI00142648. Based on observation, interviews and record review, the facility failed to respond to a resident's call light in a timely manner for one resident (R616) out of four residents reviewed for call light response times, resulting in the potential for resident frustration and unmet care needs. Findings include: In an observation on 3/20/24 at 8:14 a.m., a screen at the nurses station revealed R617's call light was on for 29 minutes. At 8:17 a.m., the call light was on for 32 minutes and 8:20 a.m. for 35minutes. In an observation and interview on 3/20/24 at 8:24 a.m., R617's call light was not on. R617 reported the call light was on for over an hour and staff just turned it off one minute ago. R617 reported asking for some milk but was told to wait. In an interview on 3/20/24 at 8:26 a.m. Licensed Practical Nurse (LPN) C reported a call light should be answered within 5 to10 minutes. LPN C then reported Certified Nursing Assistant (CNA) D was assigned to R617. In an interview on 3/20/24 at 8:29 a.m., CNA D reported she was pulled to the kitchen about 30 minutes to 1 hour ago. In an interview on 3/20/24 at 8:32 a.m., LPN C reported the assignment changed because CNA D has been pulled to the kitchen. Review of an Admission Record revealed, R617 readmitted to the facility on [DATE] and readmitted on [DATE] with pertinent diagnoses which included Congestive Heart Failure, End Stage Renal (kidney disease), and Acute Pulmonary Edema. Review of a Minimum Data Set (MDS) assessment dated [DATE] revealed R617 had no cognitive impairment with a Brief interview for Mental Status (BIMS) score of 15, out of a total possible score of 15. In an interview on 3/20/24 at 3:11p.m., CNA F reported call lights are answered as soon as possible. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 3/20/24 at 3:16 p.m., CNA E reported call lights should be answered within 15 minutes. In an interview on 3/20/24 at 4:23 p.m., the Director of Nursing (DON) reported call lights can be answered by all staff. The DON then reported call light should be answered in at least 15 minutes. Review of a Call light Policy revised 2/17/20 documented, It is the policy of this facility to answer call lights as promptly as possible. Procedure 1. Call lights should be answered by available staff as promptly as possible .

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(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** 39958 This citation pertains to Intake MI00141842 and MI00142000. Based on observation, interview and record review, the facility failed to ensure pressure ulcer treatments were consistently provided as ordered for one (R616) out of three residents reviewed for pressure ulcers. Findings include: Review of an Admission Record revealed, R616 readmitted to the facility on [DATE] with pertinent diagnoses which included Pressure Ulcer of Sacral Region Stage 3 (full-thickness skin loss potentially extending into the subcutaneous tissue layer) and Type 2 Diabetes. Review of a Minimum Data Set (MDS) assessment dated [DATE] revealed R616 had no cognitive impairment with a Brief interview for Mental Status (BIMS) score of 15, out of a total possible score of 15 and had a stage 4 pressure ulcer (exposing underlying muscle, tendon, cartilage or bone) that was not present on admission. Review of Physician orders revealed R616 had orders to treat the left ischial every day shift, which was last revised on 2/6/24. Review of a Treatment Administration Record (TAR) for December through March 2024 revealed treatment to the left ischial was not documented on 12/1, 12/4, 12/6, 12/7, 12/8, 12/11, 12/20, 1/4, 1/5, 1/9, 1/11, 2/6, 2/9, 3/8, and 3/16/24. In an observation on 3/20/24 at 7:46 a.m. R616 had a small open area on the left ischial. In an interview on 3/20/24 at 8:05 a.m. Wound Nurse A reported the nurses are responsible for wound care when the wound nurse is not present. In an interview on 3/20/24 at approximately 3:30 p.m., Staff Development Coordinator (SDC) B reported unit managers and nurses are responsible for wound care when the wound nurse is not present. In an interview on 3/20/24 at 4:19 p.m. the Director of Nursing (DON) reported the floor nurses and unit managers are responsible for wound care when the wound nurse is not present.