

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235521	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/06/2024
NAME OF PROVIDER OR SUPPLIER  The Orchards at Wayne		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34901</p> <p>This citation pertains to intakes MI00147383 and MI00147811.</p> <p>Based on observation, interview, and record review, the facility failed to ensure enough kitchen staff were available to prepare and serve meals in a timely manner.</p> <p>Findings include:</p> <p>It was reported to the State Agency that meals were late because of staffing issues.</p> <p>On 11/6/24 at 8:35 AM, LPN A was observed in the 1000 Hall and said breakfast was normally served between 8:30 - 9:30 AM.</p> <p>On 11/6/24 at 8:37 AM, LPN C was observed in the 800 Hall and said breakfast was usually served about 8:00 AM.</p> <p>On 11/6/24 at 8:43 AM, R101 was observed awake, alert, lying in his bed, and able to answer questions. R101 had not been served breakfast at the time of this interview. R101 said that breakfast was served at 10:00 AM. R101's Minimum Data Set assessment dated [DATE] documented intact cognition.</p> <p>On 11/6/24 at 8:45 AM, breakfast meal carts were not observed on Unit 500, Unit 800, Unit 1000 or the large dining room.</p> <p>On 11/6/24 at 9:25 AM, R101 indicated he was still waiting for breakfast to be served.</p> <p>On 11/6/24 at 1:01 PM, Dietary Manager (DM) H was observed pushing a meal cart out of the kitchen and transporting the cart to a housing unit. An unidentified staff member stated, They must be short because I saw the (dietary) manager pushing a cart.</p> <p>On 11/6/24 at 1:39 PM, unidentified female Dietary Aide (DA) J, was asked if DM H could come and speak with the State Surveyor. DA J asked the State Surveyor to wait because they were still running the tray line.</p> <p>On 11/6/24 at 1:42 PM, unidentified male DA K was observed transporting a meal cart to Unit 900. DA K stated, See, we still don't have staff. Just like the last time you were here.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235521	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/06/2024
NAME OF PROVIDER OR SUPPLIER  The Orchards at Wayne		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 11/6/24 at 1:43 PM, DM H said breakfast and lunch meal services were supposed to start at 8 AM and 12 PM respectively. DM H stated, We are short (of staff) today. We were late for breakfast because of (lack of) staffing. I've been here for a week. Four out of my seven days, we have been short. DM H stated there should have been two dietary aides and one cook for breakfast meal service. There was only a cook, plus DM H until 9:00 AM. DM stated, Once you're behind in the morning, it will carry over for the rest of the day. Ideally if lunch starts at noon, the last cart should come out at 1 PM.</p> <p>On 11/6/24 at 2:24 PM, the Nursing Home Administrator (NHA) said the kitchen should be staffed with two dietary aides, one cook, and the dietary manager.</p> <p>A review of a facility document, titled Meal times, undated but received during the survey, revealed the following:</p> <p>Breakfast: 8:00 AM to 9:00 AM</p> <p>Lunch: 12:30 PM to 1:30 PM</p> <p>Dinner: 5:30 PM to 6:30 PM</p> <p>On 11/6/24 at 4:00 PM during the exit conference, the NHA and Director of Nursing did not offer additional documentation or information when asked.</p>