

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  07/02/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure that only authorized health care professionals administered medication for one resident (R102) out of two residents reviewed for medication administration.</p> <p>Findings include:</p> <p>On 7/2/25 at 10:37 AM, R102 was observed awake and lying in bed. A square shaped, undated patch was observed on the outer part of R102's right knee. Three sides of the square patch appeared smooth, but the fourth side appeared coarse and rough as if it had been cut in two. R102 said the knee patch was applied yesterday along with another one on the tailbone/lower back area.</p> <p>During an observation and interview on 7/2/25 at 11:07 AM of R102's knee with Licensed Practical Nurse/Unit Manager (LPN/UM) D, R102 stated, I was in pain yesterday, and (Therapy Director [TD] E) put patches on me. After exiting R102's room, LPN/UM D said any medication administered to a resident required a physician's order and should be administered by a nurse.</p> <p>On 7/2/25 at 11:13 AM, TD E said R102 was currently receiving physical and occupational therapy. TD E added R102 had arthritis of the right knee and was unable to fully extend the leg. TD E said that yesterday while receiving treatment in the Therapy Department R102 complained of pain and a pain patch was applied. TD E said the pain patch was supplied by LPN F. TD E did not document that a pain patch was administered to R102.</p> <p>On 7/2/25 at 11:29 AM, LPN F said today R102's orders were changed so that R102 could receive a pain patch. LPN F denied having a conversation with TD E about R102's pain, but added that last week, therapy asked for a pain patch, and it was obtained for therapy from Central Supply because it was an over-the-counter medication.</p> <p>On 7/2/25 at 11:45 AM, LPN/UM D said over-the-counter medications for residents were to have a physician's order and be administered by the nurse. R102's July 2025 Medication Administration Record (MAR) generated at 11:01 AM was reviewed with LPN/UM D and did not document an order for R102 to receive a pain patch or pain gel to the knee. LPN/UM D added that pain patches were to be dated and initialed by the nurse when applied.</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/2/25 at 11:51 AM, during a return visit to see R102 with LPN/UM D, R102 stated, I told them to cut it (the pain patch) in half. The patch on R102's knee had been removed, and LPN/UM D observed that there was no patch on R102's lower back area.</p> <p>A review of the clinical record for R102 documented an initial admission date of 12/1/11 and readmission date of 4/28/25. R102's diagnoses included functional quadriplegia and pain in the right leg. A Minimum Data Set assessment dated [DATE] documented intact cognition.</p> <p>Record review of R102's orders documented the following, Icy Hot External Patch (Menthol (Topical Analgesic)). Apply to affected area topically one time a day for pain apply to lower back, left shoulder, right knee. Ordered on 7/2/25 at 11:19 AM by LPN F.</p> <p>On 7/2/25 at 1:25 PM, the Director of Nursing (DON) said staff in the Therapy Department were not legally able to apply a pain patch to a resident. The DON added that when R102's pain was identified, an order should have been obtained for the patch and the pain patch should have been applied by a nurse not the therapist. The nurse would have documented the administration of the pain patch on the MAR. The DON said R102 had not been evaluated and approved for self-administration of medication. The DON acknowledged that she observed the patch on R102's right knee. It appeared to have been half of a patch and that it was not dated or signed.</p> <p>A review of a facility policy titled, Medication Administration and General Guidelines, dated 2022, documented in part the following:</p> <ul style="list-style-type: none"> <li>- Medications are administered as prescribed, in accordance with State Regulations using good nursing principles and practices and only by persons legally authorized to do so.</li> <li>Medications are prepared, administered, and recorded only by licensed nursing, medical, pharmacy, or other personnel authorized by state laws and regulations to administer medication.</li> <li>- Medications are administered in accordance with written orders of the attending physician.</li> <li>- The resident's MAR is initialed by the person administering a medication.</li> </ul> <p>On 7/2/25 at 2:10 PM during the exit conference, the Nursing Home Administrator and DON did not offer additional documentation or information when asked.</p>		