

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235539	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/21/2024
NAME OF PROVIDER OR SUPPLIER  The Orchards at Northwest		STREET ADDRESS, CITY, STATE, ZIP CODE  16181 Hubbell St Detroit, MI 48235	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>39958</p> <p>This citation pertains to intake MI00141452.</p> <p>Based on observation, interview, and record review the facility failed to implement proper hand hygiene and glove use during wound care for one resident (R606) and failed to provide the proper receptacle for the disposal of Personal Protective Equipment (PPE) for one resident (R608) out of 10 residents reviewed for infection control, resulting in the potential for increased cross-contamination of diseases which place a vulnerable population at high risk for infections.</p> <p>Findings include:</p> <p>R606</p> <p>In an observation on 3/21/24 at 10:36 a.m. R606 had a dressing on the right foot. R606 reported having an infection in the right foot.</p> <p>Review of Physician orders revealed R606 had orders for wound care of right toes/foot every day shift every two days which was last revised on 3/21/24.</p> <p>In an observation on 3/21/24 at 11:48 a.m., Wound Nurse (WN) C prepared to perform wound care on R606's right foot. WN C placed R606's foot a towel on the bed. Wound supplies laid on R606's bedside table without a barrier. WN C applied gloves and did not perform hand hygiene before application of gloves. WN C removed the dressing on R606's right foot and placed them on the towel that R606's foot was on and not in a bag. WN C cleaned R606's right foot, applied betadine and Dakins, and applied new dressings. WN C did not change gloves or perform hand hygiene between removing the dressing and cleaning the foot, and application of new dressings. WN C then removed the gloves and exited the room without performing hand hygiene.</p> <p>In an interview on 3/21/24 at 11:56 a.m. WN C reported gloves should be changed after cleaning a wound.</p> <p>In an interview on 3/21/24 at 4:33 p.m. the Director of Nursing (DON) reported hand hygiene should be performed and gloves applied before removing old dressing. DON then reported gloves should be removed after removing the dressings, hand hygiene performed, new gloves, then clean dressing should be applied. The DON reported wound supplies should be placed on a barrier and old dressing should go in a trash can or bag. Staff should perform hand hygiene after glove removal.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of an Standard Precautions policy (undated) documented the following, All employees are expected to practice standard precautions to reduce both the risk of transmitting infections and the likelihood of exposure to blood borne pathogens . Wash hands after touching blood, body fluids, secretions, excretions and contaminated items, whether or not gloves are worn. Wash hands after gloves are removed, between resident contacts, and when otherwise indicated to avoid transfer of microorganisms to other residents or environments . Remove gloves promptly after use, and wash hands immediately before touching non-contaminated items and environmental surfaces, and before going to another resident .</p> <p>49103</p> <p>R608</p> <p>On 3/21/34 at 10:42 AM, R608 was observed resting in bed with eyes open. On the door of R608 room hung a sign, stating in part, Enhanced Barrier Precautions with instructions for handwashing and use of gown and gloves for high-contact care activities. Upon further observation of the isolation room, it was noted there was not an appropriate receptacle for the disposal of PPE. There was a small (10 to 15 inch) garbage can in the open closet with a thin, clear plastic liner.</p> <p>On 3/21/24 review of electronic medical record (EMR) revealed R608 had pertinent diagnosis of Candidiasis unspecified (a fungal infection). According to a Physician Note entered into the (EMR) 3/19/24 by Physician I resident was in isolation for C Auris (Candida Auris).</p> <p>On 3/21/24 at 4:58 PM, discussion occurred with the Director of Nursing (DON), the Nursing Home Administrator (NHA) and the Regional Nurse B concerning infection control. The DON acknowledged an appropriate trash receptacle is needed because, you have to remove the PPE.</p> <p>Review of the facility's undated policy titled, Infection Prevention and Control Overview stated in part, The infection prevention and control program is designed to identify and reduce the risk of acquiring and transmitting infections among residents, staff, volunteers, students, and visitors.</p>		