STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235539	A. Building B. Wing	03/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Orchards at Northwest	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to maintain best practices in the food service area resulting in the potential to spread food borne illness to all residents that consume food from the kitchen. Findings Include:On 03/08/2026 at 8:40 AM a tour of the kitchen was conducted with cook F who was serving as the acting manager for the day.On 03/08/2026 at 8:57 AM observed a plastic tube running from the ice machine drain line into the floor drain in the kitchen. The plastic drain line extended below the flood level rim of the drain, creating an improper air gap.On 03/08/2026 at 9:33 AM observed a black corrugated tube connected to the juice gun drain line leading into the floor drain in the kitchen. The tube extended down to the base of the floor drain, creating an improper air gap.According to the 2022 FDA Food Code section 5-402.11 Backflow Prevention. (A) Except as specified in (B), (C), and (D) of this section, a direct connection may not exist between the SEWAGE system and a drain originating from EQUIPMENT in which FOOD, portable EQUIPMENT, or UTENSILS are placed. On 03/08/2026 at 8:59 AM observed brown residue accumulated on the interior wall of the ice machine. An interview conducted at this time with [NAME] F revealed the kitchen staff does not clean the ice machine, and a different department is responsible for cleaning it.On 03/08/2026 at 9:02 AM observed water droplets and food particulates on the inside surface of two quarter pans that were stacked on the dry storage rack. [NAME] F removed pans to be washed. On 03/08/2026 at 9:17 AM an interview with [NAME] F found that the stand mixer is used a couple times a month. When asked what the cover over the mixer meant to kitchen staff, [NAME] F stated it is used to keep debris out. Upon removing the plastic cover, observation of the mixer found a pen in the bowl of the mixer and white residue on the upper area near the attachment.On 03/08/2026 at 9:22 AM observed a meat slicer covered with a plastic bag. Upon removing the plastic cover, observation of the slicer found dried residue on the backside of the blade. [NAME] F indicated they would take care of it. According to the 2022 FDA Food Code section 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (A) equipment food-contact surfaces and utensils shall be clean to sight and touch. (B) The food-contact surfaces of cooking equipment and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) Nonfood contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris.According to the 2022 FDA Food Code section 4-901.11 Equipment and Utensils, Air-Drying Required. After cleaning and sanitizing, equipment and utensils: (A) Shall be air-dried or used after adequate draining.On 03/08/2026 9:08 AM an interview with [NAME] F found they were unsure whether the dishwasher operated as a chlorineˆsanitizing unit or a highˆtemperature sanitizing unit.On 03/08/2026 at 9:09 AM observed the dish washer temperature and PPM (parts per million) log filled out for breakfast and lunch service. An interview at this time with cook F found they were unaware why it was filled out for lunch.On 03/08/2026 at 9:10 AM observed a chlorine test strip being run through the dishwasher. An interview with cook F found they were unaware what they were supposed to look for when performing the test.On 03/08/2026 at 9:26 AM during an interview with [NAME] F regarding the location of the mop sink found that the mop sink was located in the dirty dish room within a one compartment sink. A clear container was observed sitting at the base of the sink. On (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

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	03/08/2026 at 9:37 AM an interview conducted with kitchen staff G regarding use of the mop sink, found the mop sink is used to soak dishes in sometimes.On 03/08/2026 at 9:46 AM an interview conducted with Dietary Aid G and Dietary Aid H found they were unsure what they are expected to look for when completing the dish machine log. Dietary Aid G and Dietary Aid H were unaware as to whether the dishwasher operated as a chlorineˆsanitizing unit or a highˆtemperature sanitizing unit.On 03/08/2026 at 3:16 PM an interview with the Dietary Manager J regarding the mop sink location found the mop sink is located outside the kitchen in a separate utility room. When asked if staff use the one compartment sink in the kitchen as the mop sink, Dietary Manager J stated no they are not supposed to.According to the 2022 FDA Food Code section 2-103.11 Person in Charge. The person in charge shall ensure that. Employees are properly sanitizing cleaned multiuse equipment and utensils before they are reused, through routine monitoring of solution temperature and exposure time for hot water sanitizing, and chemical concentration, pH, temperature, and exposure time for chemical sanitizing.According to the 2022 FDA Food Code section 5-203.13 Service Sink, At least 1 service sink or 1 curbed cleaning facility equipped with a floor drain shall be provided and conveniently located for the cleaning of mops or similar wet floor cleaning tools and for the disposal of mop water and similar liquid waste.On 03/08/2026 at 8:55 AM observed an opened bag of lettuce in the walk-in cooler with a facility marked receive date of 3/3/26 and expiration date of 3/7/26. [NAME] F indicated they would throw it away.On 03/08/2026 beginning at 10:18 AM a tour of the nutrition rooms was conducted with District Manager I.On 03/08/2026 at 10:20 AM observation of the first-floor nutrition room found the following items:A package of watermelon and a package of pineapple stored together in the refrigerator with a facility marked date of 3/3/26. A fortified nutritional shake in the refrigerator with an expiration date of 3/7/26. A bag of potato chips in the cabinet beneath the sink. District Manager I removed items to be thrown away.On 03/08/2026 at 10:32 AM observation of the second-floor nutrition room refrigerator found the following items:A juice pitcher half filled with no lid on, without a label or date. A paper bag without a label or date. A plastic bag containing candy and a carry out box without a label or date. Lemon flavor thickening agent with a best by date of 2/16/26. A container of salad without a label or date. Yogurt parfait without a label or date. A box containing fries without a label or date. A carton of milk with an expiration date of 3/7/26. A bag containing packages of cheese and crackers with no facility marked date. District Manager I removed items to be thrown away.On 03/08/2026 at 10:48 AM observed an accumulation of brown buildup on the upper surface of the microwave in the second-floor nutrition room. On 03/08/2026 at 10:50 AM observed brown residue on the interior surface of the ice machine in the second-floor nutrition room. District Manager I confirmed the observation.On 03/08/2026 at 10:52 AM observation of the third-floor nutrition room found the following items:A fortified nutritional shake in the freezer, with manufacturer's directions on the box that state do not freeze. A Styrofoam cup with no label or date in the refrigerator. A mighty shake without a facility marked thaw date in the refrigerator. A cup of grapes with no lid and without a date in the refrigerator.On 03/08/2026 at 11:03 AM observed a paper bag inside the microwave with no date or label in the third-floor nutrition room. Further observation of the microwave found accumulated food residue on the upper surface of the unit.On 03/08/2026 at 11:05 AM observed a sealed package of cinnamon rolls with an expiration date of 2/5/26 in the cabinet of the third-floor nutrition room. On 03/08/2026 at 11:07 AM an interview with District Manager I indicated kitchen staff do not clean the microwaves in the nutrition rooms. Kitchen staff are responsible for ensuring the refrigerators are clean during walk throughs but are not responsible for clearing them out.On 03/08/2026 at 3:13 PM an interview with the dietary manager J regarding how date marking works found date marking is seven days out and three days for certain items such as sandwiches. When asked about the nutrition rooms, Dietary Manager J stated kitchen staff do not sort nutrition rooms or refrigerators, the staff go up as needed to clean.A record review of the facility provided document entitled Safe Storage & Handling of Outside Food states, Any food which is not going to be consumed immediately must be covered and labeled with the resident's name, and date the food was brought (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	into the facility and placed into the unit refrigerator. Labels and the location of the refrigerator are available at the nurses' station as well as in the pantry area. All food that is stored in the refrigerator & not consumed within 3 days will be discarded by facility staff daily. Signage regarding this process is displayed on all fridges. Any food without the correct labeling will also be discarded.According to the 2022 Food Code, 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking, Ready-to-eat, time/temperature control for safety food prepared and held in a food establishment for more than 24 hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1.According to the 2022 FDA Food Code section 3-305.11 Food Storage. (A) Except as specified in (B) and (C) of this section, food shall be protected from contamination by storing the food:.(2) Where it is not exposed to splash, dust, or other contamination.

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F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. Based on interview and record review, the facility failed to report staffing data to the payroll-Based Journal (PBJ) with the potential to affect all 117 residents residing in the building. This deficient practice resulted in the potential for staffing concerns leading to quality-of-care concerns. Findings include:Per a review of the PBJ report for Fiscal Year Quarter 4 2025 (July 1 - September 30), the facility failed to submit data for the quarter. The facility also triggered for a One Star Staffing Rating, Excessively Low Weekend Staffing, No Registered Nurse Hours, and Failed to have Licensed Nursing Coverage 24 Hours/Day (indicating a lack of reported staffing or inadequate staffing). On 3/10/2026 at 1:41 p.m., the Director of Human Resources (HRD) was interviewed about the PBJ report and submission. The HRD was aware the PBJ was not submitted and said the PBJ was analyzed, reviewed and submitted to the corporate office to be submitted but it would have been late so it was not submitted. On 3/10/26 at 1:55 p.m., the Nursing Home Administrator (NHA) was interviewed about the PBJ report and submission. The NHA said Human Resources (HR) submits to CMS (Center for Medicaid/ Medicare Services). The NHA was not aware the PBJ was not submitted and said that the PBJ was reviewed and should have been submitted.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on observation, interview and record review, the facility failed to have an active plan for reducing the risk of legionella and other opportunistic pathogens of premise plumbing (OPPP). This deficient practice has the increased potential to result in waterborne pathogens to exist and spread in the facility's plumbing system and an increased risk of respiratory infection among all residents in the facility. Findings Include:On 03/08/2026 at 1:12 PM observed an inoperable water fountain in the basement indicating possible stagnant water.On 03/08/2026 beginning at 1:21 PM a tour of the facility was conducted with Environmental Services Manager (ESM) K. On 03/08/2026 at 1:37 PM observed a hopper in the first-floor trash room. An interview at this time with ESM K found the housekeeping team flushes the hopper once a week when cleaned but do not turn on the water at the hopper faucet or use the spray hose during this process.On 03/08/2026 at 1:42 PM observed slightly discolored water coming from the sink faucet for a few seconds before running clear in the first-floor soiled linen room. An interview with ESM K revealed the sink is cleaned but is not flushed. Further observation found the hopper faucet inoperable and not allowing water lines to be flushed indicating possible stagnant water. An interview with ESM K at this time found the hopper is not used by staff or flushed by housekeeping.On 03/08/2026 at 1:48 PM observed an inoperable hopper and sink in the second-floor west wing soiled utility room. An interview at this time with ESM K found the sink had not worked since they had started working here.On 03/08/2026 at 1:52 PM observed discolored water in the bowl of the hopper in the second-floor east wing soiled utility room. A sign was observed above the hopper that indicated not to put anything in the bowl. Further observation found the sink faucet inoperable, indicating possible stagnant water.On 03/08/2026 at 2:04 PM observed a tub with a missing handle attachment in the third-floor tub room. An interview with ESM K at this time found they had not seen the tub work since working here.On 03/08/2026 at 2:07 PM observed a hopper with water and black particulate material in the bowl in the third-floor east wing soiled utility room. An interview with ESM K at this time found the hopper bowl is cleaned but the hopper is not flushed at the faucet. Further observation found a sink fixture with one foot pedal tied up with a zip tie. When the remaining foot pedal was pushed no water came out indicating possible stagnant water.On 03/08/2026 at 2:12 PM observed slightly discolored water coming from the sink faucet for a few seconds before running clear in the third-floor soiled utility room. An interview at this time with ESM K found the sink is not flushed. Further observation revealed a hopper with no water present in the bowl, indicating inactive use of the water fixture. A black and brown layered residue was observed along the interior of the bowl leading to the drain line.On 03/08/2026 at 2:17 PM observed a tub with a missing handle attachment in the third-floor tub room. An interview at this time with ESM K found the tub is not used.On 03/08/2026 at 2:20 PM observed a tub and toilet in the second-floor west wing tub room. An interview with ESM K at this time found the tub was not flushed and toilet was not used or flushed.On 03/08/2026 at 2:26 PM observed slightly discolored water coming from the tub faucet for a few seconds before running clear in the second-floor east wing tub room. An interview with ESM K at this time found the tub is not flushed. On 03/08/2026 at 2:33 PM observed a tub with a missing handle attachment in the first-floor tub room.On 03/09/2026 at 8:29 AM an interview with Maintenance Director (MD) L found they are new to the facility and had been here for three weeks. When asked about control measures to prevent the growth of legionella, MD L stated the hot water tank is flushed once a month and they were not certain of any other controls. When asked if there is a log, MD L indicated that it generates in TELS once a month and is completed.On 03/09/2026 at 8:34 AM an interview with the Regional Maintenance Director (RMD) M found they do not do chlorine testing, and they test for legionella once a year using a test kit. When asked about other control measures other than flushing the boiler, RMD M indicated that is the only control. When asked about the water management binder, RMD M indicated they have not gotten the chance to fill it out yet and are in the process.On 03/09/2026 beginning at 8:43 AM a facility tour was conducted with MD L and (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	RMD M.On 03/09/2026 at 8:47 AM observed a functional sink fixture and hopper in the first-floor west wing soiled utility room. When the cold and hot water hopper faucets were turned on, no water came out indicating the faucet had been turned off at the valve and possible stagnant water. An interview with the MD L at this time found they did not know if the sink was used and that the hopper is not flushed. On 03/09/2026 at 8:54 AM observed a functional hopper and sink fixture in the first-floor soiled linin room. An interview with the MD L at this time found they do not flush the sink or hopper and were unaware if they were used.On 03/09/2026 at 8:59 AM observed a utility sink with the cold water handle missing and the hot water handle turned off in the first-floor storage room. An interview with RMD M at this time found they were unaware if the water was turned off at the mainline or the fixture valve leaving possible stagnant water. On 03/09/2026 at 9:11 AM observed yellow and brown water discharging from the utility sink faucet for several seconds in the second-floor central supply room. MD L acknowledged the discolored water.On 03/09/2026 at 9:17 AM observed discolored water in the bowl of the hopper in the second-floor east wing soiled utility room. A sign was observed above the hopper that indicated not to put anything in the bowl. An interview with RMD M at this time found they were unaware how long the hopper had been out of order.On 03/09/2026 at 9:23 AM observed a two-compartment sink with accumulated debris inside the sink of the second-floor west wing soiled utility room. Interview with RMD M at this time found they were unsure of what had happened. Further observation found a hopper with black particulates in the bowl of the hopper. When turned on the hopper faucet and flush apparatus were inoperable and not allowing water lines to be flushed indicating possible stagnant water.On 03/09/2026 at 9:27 AM observed a tub connected to the water line but turned off at the fixture in the second-floor tub room indicating possible stagnant water.On 03/09/2026 at 9:43 AM observed a tub with a missing handle in the third-floor tub room. MD L indicated the tub is not used.On 03/09/2026 at 9:50 AM observed a mop sink with black and brown residue coating the base of the sink basin in the third-floor janitor closet. A green stick was observed protruding from drain and a plastic bag was covering the sink. An interview with housekeeper N found the sink is not working, and it has been out for a month.On 03/09/2026 at 9:54 AM observed a hopper with brown residue in the bowl in the third-floor west wing soiled utility room. An interview at this time with MD L found it is not flushed. Further observation found the flush apparatus and spray hose nonfunctional. MD L indicated the flush valve was shut off at the fixture. On 03/09/2026 at 10:00 AM observed uncapped fixture with a shut off valve coming from the wall in the third-floor pantry room. An interview at this time with RMD M indicated they did not know about it.On 03/09/2026 at 10:04 AM observed murky discolored water in the bowl of the hopper in the third-floor east wing soiled utility room. The hopper faucet and flush apparatus were observed functional. An interview with MD L at this time indicated they did not know if the hopper was used.On 03/09/2026 at 10:09 AM observed a water fountain inoperable on the third floor. An interview with RMD M at this time found they were unaware if the fixture was turned off at the mainline or the valve indicating possible stagnant water. On 03/09/2026 at 10:12 AM observed a tub with a missing handle attachment in the third-floor tub room. An interview at this time with MD L indicated it is not flushed.On 03/09/2026 at 10:24 AM an interview with RMD M found there is no established water management team, and it mostly falls on maintenance.On 03/09/2026 at 10:35 AM observed an adjustable countertop cover positioned over a sink in the spa room. Upon removal of the cover, a rubber band and hair strands were observed in the sink basin. When water was turned on it ran clear however pooled at the drain and began to discolor. An interview with Activities Director E at this time found a beautician comes once a month and the covered sink has not been used in years.On 03/09/2026 at 11:36 AM interview with Administrator found maintenance discusses water management in QAPI once a month, and there has been no meeting regarding water management with the new maintenance director.On 03/09/2026 at 2:01 PM an interview with Director of Nursing found there is no water management team in regard to legionella. According to the Centers for Disease Control and Prevention, Controlling Legionella in Potable Water Systems dated January 3rd, 2025, Flush low-flow piping runs and dead legs at least (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	weekly. Flush infrequently used fixtures (e.g., eye wash stations, emergency showers) regularly as needed to maintain water quality parameters within control limits. Eliminate dead legs, which are sections of no- or low-water flow.A record review of the facility provided binder entitled Legionella contained the CDC toolkit Developing a Water Management Program to Reduce Legionella Growth & Spread in Buildings. The toolkit contained no evidence of any completed work or implemented activities.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation, interview, and record review the facility failed to maintain general cleanliness and repair of the premises as well as proper storage of clean and sanitary supplies. This resulted in an increased potential for contamination and a possible decrease in satisfaction of living affecting all residents. Findings Include:On 03/08/2026 at 10:28 AM observed the sink faucet releasing a trickle of water when turned on in the first-floor nutrition room. An interview at this time with District Manager I regarding the faucet found they were unsure how long the faucet had been operating in this condition.On 03/08/2026 at 11:08 AM observed nails screwed into the cabinet doors beneath the sink in the third-floor nutrition room. When the cabinet doors were opened, the nails were observed protruding through the wood and sticking out approximately one inch. Further observation of the cabinet beneath the sink found a container with a thick black substance along the bottom edges. The container was situated beneath the drain line, and no active leak was observed.On 03/08/2026 beginning at 1:21 PM a tour of the facility was conducted with the Environmental Services Manager (ESM) K. On 03/08/2026 at 1:25 PM observed evidence of water damage with black residue on one area of the ceiling in the linen bulk storage room. A section of repaired ceiling was noted adjacent to the affected spot. An interview at this time with ESM K found the affected area was caused by a previous water leak.On 03/08/2026 at 1:32 PM observed disposable briefs and padding in plastic bags on the floor next to the clean linin rack in the first-floor clean linen room. Further observation found a bed pan on the floor beneath the storage rack.On 03/08/2026 at 1:45 PM observed a mop sink with a chemical pre-dispensing system in place and the faucet left on in the first-floor janitor closet. This set up puts undue back pressure on the faucet's internal atmospheric vacuum breaker (AVB), which can compromise the integrity of the mechanism. An interview at this time with ESM K found the faucets are kept on between uses. Further observation of the room revealed broken drywall above the mop sink, exposing the internal piping behind the wall. A hole was visible in the exposed pipe, and duct tape was observed on the wall surface around the broken drywall and peeling off.On 03/08/2026 at 1:47 PM observed a mop sink with a chemical pre-dispensing system in place and the faucet left on in the second-floor janitor closet, creating undue pressure on the faucets internal AVB.On 03/08/2026 at 1:55 PM observed disposable briefs in a plastic bag and personal clothing on the floor of the second-floor clean linen room. Further observation found a plastic bottle beneath the clean linen rack.On 03/08/2026 at 1:58 PM observed a shortened shower curtain with approximately one foot of curtain hanging down in the third-floor east wing shower room.On 03/08/2026 at 2:05 PM observed personal clothing in a plastic bag on the floor in the third-floor clean linen room. On 03/08/2026 at 2:15 PM observed a red residue along the bottom surface of the shower curtain in the third-floor west wing shower room. Further observation found a green substance in a crease along the floor of the shower room. An interview with ESM K at this time found the floors of the shower room are cleaned daily and Certified Nursing Assistants (CNAs) are responsible for cleaning between residents.On 03/08/2026 at 2:28 PM observed a brown smear on the shower chair seat in the second-floor west wing shower room. Further observation found an accumulation of white debris on the underside of the shower bed mat. A wooden stick was also observed beneath the shower bed mat. ESM K confirmed the observation.On 03/09/2026 beginning at 8:43 AM a facility tour was conducted with Maintenance Director (MD) L and Regional Maintenance Director (RMD) M.On 03/09/2026 at 8:54 AM observed a sink fixture in the first-floor soiled linen room. The sink fixture was observed loose to mount and able to move around.On 03/09/2026 at 9:06 AM observed a tissue pressed to the shower room floor of the second-floor east wing shower room.On 03/09/2026 at 9:10 AM observed the baseboard separating from the wall, with an accumulation of dust and debris behind the it in the secondˆfloor central supply room. A comb was also observed on the floor behind the baseboard adjacent to the storage rack. An interview with RMD M at this time indicated that maintenance walkthroughs are conducted to identify (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	repair needs, and the facility uses TELS system for reporting repairs jobs.On 03/09/2026 at 9:17 AM observed a sink fixture in the second-floor east wing soiled utility room. The sink fixture was observed loose to mount and able to move around.On 03/09/2026 at 9:23 AM observed a two-compartment sink with accumulated white and grey debris filling the drain in the second-floor west wing soiled utility room. An interview conducted with RMD M at this time found they were unsure of what had occurred to the sink. Further observation of the room revealed a hopper with black particulates in the bowl.On 03/09/2026 at 9:37 AM observed five tiles were missing on the shower room floor in the second-floor west wing shower room.On 03/09/2026 at 9:47 AM observed a red residue along the bottom surface of the shower curtain in the third-floor west wing shower room. Further observation found a green substance in a crease along the floor of the shower room.On 03/09/2026 at 9:50 AM observed a mop sink with black and brown residue coating the base of the sink basin in the third-floor janitor closet. A green stick was observed protruding from drain and a plastic bag was covering the sink. Further observation revealed a chemical pre-dispensing system in place and the faucet left on at the mop sink, creating undue pressure on the faucets internal AVB.On 03/09/2026 at 9:54 AM observed a sink fixture loose to mount and able to move around in the third-floor west wing soiled utility room. Further observation found a hopper with brown residue in the bowl. On 03/09/2026 at 10:04 AM observed a sink fixture loose to mount and able to move around in the third-floor east wing soiled utility room.On 03/09/2026 at 10:14 AM observed a shortened curtain with approximately one foot hanging down in the third-floor east wing shower room. Further observation revealed a small plastic tube beneath the mat of the shower bed and an accumulation of white debris.On 03/09/2026 at 10:35 AM observed an adjustable countertop cover positioned over a sink in the spa room. Upon removal of the cover, a rubber band and hair strands were observed in the sink basin.On 03/09/2026 at 10:41 AM observed evidence of water damage with black residue on one area of the ceiling in the linen bulk storage room. A section of repaired ceiling was noted adjacent to the affected spot. An interview conducted at this time with RMD M indicated it is an old leak and needs to be replaced.On 03/09/2026 at 1:20 PM observed a gap at the wall mounted handrail bracket in the third-floor west wing, leaving a small, exposed hole and rough edges at the attachment point.A record review of the facility provided document entitled Environmental Safety Program Preventative Maintenance states, Preventive maintenance schedules shall be developed and implemented to ensure that the building and equipment are maintained in a safe and operable manner. The maintenance director is responsible for developing and maintaining a schedule of maintenance service to ensure that the buildings, ground, and equipment are maintained in a safe and operable manner.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Orchards at Northwest	16181 Hubbell St Detroit, MI 48235

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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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure the smoking policy was implemented and practiced for one (R93) of one resident reviewed for accidents and hazards, resulting in (1.) smoking in the facility, (2.) smoking materials not stored in a safe place, (3.) potentially affect safe fire safety practices, (4.) and the potential for bodily harm. This deficient practice has the potential to affect all residents that reside in the facility. Findings include:On 3/08/2026 at 12:01p.m R93 was observed in the bedroom coloring. R93 was pleasant, alert, and oriented to person, place, and situation. The odor of cigarette smoke smelled from outside the bedroom. R93 was selected for review for residents that smoke. On 3/09/2026 at 9:11 a.m. - R93 was observed in the designated smoking area smoking independently with other residents. Review of the clinical record revealed R93 was initially admitted into the facility on 9/27/25 and readmitted from the hospital on 2/4/26 with diagnoses that included HIV, personality disorder, lupus, schizophrenia, bipolar type disorder, substance use disorder, and chronic obstructive pulmonary disorder. According to the admission/ 5-day Minimum Data Set assessment dated [DATE], R93 was cognitively intact with a BIMS of 15 and was independent with all activities of daily living. Review of the Smoking assessment dated [DATE] Resident is safe to smoke with supervision. A smoking assessment was not completed after readmission [DATE]) or quarterly. Review of the Smoking care plan with the start date of 10/6/25, last reviewed 1/20/26 documented in part the following: I am a smoker. I attempt to smoke in my room at times. I am a smoker. Educate me to not smoke in room.Interventions: Educated me to give activity my smoking products.May go on a leave of absence to the patio. Resident is not allowed to leave the premises without supervision. Notify the charge nurse if I have violated the policy. Review of the nurse's progress note dated documented in part the following: -10/7/25 Nurse Practitioner gave order for the resident to have LOA to the patio to smoke (unsupervised).-1/21/2026 Spoke with physician. Resident is only to go out with smokers when supervised. Review of the progress notes revealed the following regarding R93 smoking or in possession of smoking materials in the facility:- 10/8/2025 Writer spoke with resident regarding the smell of cigarette smoke in her room. Educated resident as to protocol and safe smoking practices. Writer scanned room, and several cig butts were found.- 10/10/2025 IDT discussed resident in behavior management meeting. Resident is non-compliant with smoking.- 10/13/2025 While rounding, writer smelled a strong marijuana odor coming from resident's room. Upon entering, resident's eyes were red and low. Clothing and skin smelled of marijuana.- 11/21/2025 Writer was informed by Activity staff that resident was smoking marijuana with another resident.- 11/28/2025 IDT discussed (R93) being non-compliant with smoking in her room.- 11/29/2025 While walking down the hallway, this writer and another nurse could smell cigarette smoke coming from room.- 12/12/2025 Writer found weed pen under resident pillow.- 12/24/2025 Resident has blunt wrappers scattered on the floor with tobacco also scattered all over the room. Cigarettes on the bedside table .- 1/20/2026 Strong odor of smoke noted to be coming from resident's room. Ashes found on beside table and remnants of cigar/cigarettes on the floor. On 3/10/2026 at 11:33 a.m. Regional Social Service A and Social Service Designee B were interviewed and said R93 was given verbal educations on the smoking policy. They were uncertain how R93 obtained smoking materials and possibly the family provided them. The family was not educated on the facilities smoking policy. On 3/10/26 at 2:40 p.m. Activities Director E was interviewed and said the front desk keeps R93's smoking materials however the activities department is responsible for keeping smoking materials which is kept in a cart and locked the office when not in use. On 3/10/26 at 2:43 p.m. R93 was interviewed and said they had possession of cigarettes. R93 reached in coat pocket and exposed the top part of a cigarette pack which had approximately 3-4 cigarettes in it. R93 said they did not have a lighter because the staff (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	took it away. On 3/10/26 at 2:52 p.m. Receptionist C was interviewed and said a receptionist is at the front desk twenty-four hours. Receptionist C was asked to show where R93's smoking materials were kept. Receptionist C revealed a clear plastic bag from the desk drawer that only had an inhaler in it. There were no cigarettes in the bag. Receptionist C said R93 may have the cigarettes on their person. If the front desk staff suspect R93 has cigarettes, they are to inform the nurse. The nurse is to them confiscate the smoking materials. The nurses are informed almost daily that R93 may have smoking materials. On 3/10/26 at 3:00 p.m. LPN D was interviewed and said as of lately reports of R93 having smoking material had been less than before. It had been about three months since notified R93 had smoking material in their possession. The front desk may have reported it to another nurse that would answer the phone. In the past, LPN D had confiscated smoking materials from R93 if asked. On 3/10/26 at 3:15 p.m. the Nursing Home Administrator was interviewed and said they were not aware R93 currently had smoking materials or continued to smoke in the facility. Review of the facility's policy tiled smoking policy (no date), documented in part the following: . it is the policy of this facility to provide a safe smoking environment for residents who can smoke independently and are deemed a safe smoker based on a comprehensive smoking safety assessment. The facility maintains its status of providing a non-smoking environment and smoking may be in designated outdoor areas. Fundamental information: residents deemed safe to smoke will be offered the ability to smoke within the parameters established for smoking in the facility. Residents who violate the smoking rules established by the facility will no longer be able to exercise this privilege. Residents who display unsafe smoking behavior or who put themselves or others at risk of harm, or who violate the rules of the facility will not be allowed to smoke at the facility. Procedure: Residents who smoke will be assessed upon admission, quarterly, new request to smoke and as needed to assure ongoing safety. any resident who has been deemed safe to smoke will only do so in the designated smoking areas. Residents are not permitted to maintain on their person any smoking tools (i.e. cigarettes, lighters, cigars) and are required to return the items to the designated staff person or nurse. Violation of will result in termination of smoking privileges. Repeat violation of the smoking policy could result in a discharge from the facility.

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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** Based on observation, interview, and record review, the facility failed to provide assistive dining equipment for one resident (R49) out of two residents reviewed for limited range of motion (ROM).Findings include: On 03/08/2026 at 11:26 AM, R49 was observed in bed with contractures of both hands. On 3/09/2026 at 8:40 AM, R49 was observed eating breakfast in bed. R49's breakfast tray consisted of a divided plate and a regular glass. R49's meal ticket stated, highlighted, 2 handled cup; Divided plate. R49 was asked if staff brought her the 2 handled cup and replied, They didn't bring it to me. R49 demonstrated difficulty grasping and bringing the regular cup to her mouth.On 3/10/2026 at 8:44 AM, R49 was observed sitting in a Geri chair eating breakfast. R49 stated, They didn't give me the special cup, it's easier for me to drink with it. R49's breakfast tray consisted of a divided plate and a regular glass. R49's meal ticket stated, highlighted, 2 handled cup; Divided plate. On 3/10/2026 at 8:45 AM, Dietary Manager (DM) J was interviewed and stated, R49 should have a divided plate and a 2 handled cup for every meal. We must have missed it. We double check before the meal leaves. Sometimes we run out of the cups. We need to order more. DM J acknowledged R49's meal ticket stated, highlighted, 2 handled cup; Divided plate. On 3/10/2026 at 9:19 AM, Certified Nursing Assistant (CNA) R was interviewed and said she set up R49's breakfast tray this morning and there wasn't a 2 handled cup. CNA R further said she should have notified the nurse. On 3/10/2026 at 9:24 AM, Unit Manager (UM) T was interviewed and said R49 should have a 2 handled cup for every meal since R49 has hand contractures. UM T said the kitchen was responsible to provide dining adaptive equipment however the CNA should notify the nurse so that the nurse staff can obtain the adaptive equipment if it is missing.On 3/10/2026 at 10:15 AM, the Director of Nursing (DON) was interviewed and said the expectation is for R49 to have a 2 handled cup for every meal since R49 has hand contractures. Record review of R49's Electronic Health Record (EHR) revealed R49 was admitted to the facility on [DATE] with pertinent diagnoses of Peripheral Neuropathy, and Generalized Osteoarthritis.Review of the Minimum Data Set (MDS) dated [DATE] for R49 revealed a Brief interview for Mental Status BIMS of 6/15 severely impaired cognition and upper extremity impairment on both sides and required setup or clean up assistance for eating.Review of R49's care plan revealed in part, I am at nutritional risk r/t (related to) Dx. Osteoarthritis. I can feed myself with tray set-up and I have a good appetite. Review of the care plan did not reveal dining assistive equipment.Review of R49's physician orders did not reveal dining assistive devices.Review of the facility policy titled Quick resource Tool: Assistive Devices issued 9/1/2021 revealed in part.Assistive devices/utensils will be provided as identified in the individualized plan of care to maintain or improve a resident's ability to eat or drink independently. The assistive device/utensil requests will be entered into the individual resident profile in the menu management system for provision with each meal and snack.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide proper skin care for two residents (R61 and R117) out of two residents reviewed for skin conditions who were dependent upon staff for performance of activities of daily living (ADL). Findings include: R61. On 3/8/2026 at approximately 12:45 p.m. and on 3/9/2026 at approximately 12:17 p.m., R61 was observed seated in a wheelchair in the dining room. R61's face was observed to have dry skin with flakes. Large particles that appeared to be dry scalp flakes were visible in R61's hair. A significant amount of large flaky skin particles was observed on the front of R61's pants. During an interview, R61stated, I do not get anything for my dry flaky skin, but I want some moisturizer or something. On 3/10/2026 at approximately 10:00 a.m., R61's assigned Certified Nursing Assistant (CNA) S on 3/8/2026, 3/9/2026, and 3/10/2026 was interviewed regarding R61's dry skin. CNA S was asked if they noticed R61 to have flaky dry skin on the face and the scalp during care? CNA S stated, Yes, I think she has some kind of cream treatment for her dry skin. CNA S was then asked, were the cream applied to the resident's dry skin? CNA S stated, No, I did not. On 3/10/2026 at approximately 10:15 a.m. the 100 hallway Unit Manager (UM) P was interviewed regarding R61's dry skin. UM P was informed of R61's dry skin to the face, and scalp. UM P said the floor nurses should have applied the resident's medication for the dry skin. UM P was informed the Treat Administration Record (TAR) indicated the treatment was not completed. UM P said they should have applied the cream to R61's dry skin. On 03/10/2026 at 11:31 a.m., the 100 hallway Unit manager (UM) P entered the conference room and said this is the cream that R61 has orders for flaky dry skin. UM P presented the following tube ofcream and bottle of shampoo: 1. (hydrocortisone [NAME] USP 1% for relief of minor skin irritations' itching and rashes, apply to scalp (shampoo) topically every night shift every Wednesday's and Saturday's. 2) Ketoconazole shampoo 2% for topical application only apply the shampoo to the damp skin of the affected areas and a wide margin surrounding this area. lather, leave in place for 5 min. and then rinse off with water. Observation of the medications, it appeared the medications has not been used. UM P agreed and stated, Maybe its other tubes and bottles on the cart that they were using. UM P did not return with any other medication bottles or tubes prior to exiting the facility. According to the electronic medical record, R61 was admitted to the facility on [DATE] with diagnoses of heart failure, kidney calculus, major depressive disorder, and hypertension. R61 was alert and oriented and able to be interviewed. Review of the 1/19/2026 skin care plan documented, Problem: I have actual skin impairments related to dry skin to face and scalp. Interventions: For dry and flaky skin use high quality moisturizers to rehydrate my skin (hydrocortisone External Cream 2.5% Topical three times daily for 21 days. Ketoconazole Shampoo 2% every shower day x 21 days for dry skin. Observe my skin rashes for increased spread or signs of infection. Review of the March 2026 (TAR) documented, Hydrocortisone External Cream 2.5% Apply to face topically three times a day for dry skin for 21 days at the times of 0600, 1200 and 1800 hours. Review (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	of the TAR revealed on 3/6/2026 at 1200 and 1800 and 3/7/2026 at 0600 and 1200 there were no signatures (blank) indicating the treatment was not completed. R117 - On 3/8/26 at 11:19 AM, during the initial tour of the facility, R117 was observed awake and in bed. When greeted, R117's response was generally incoherent. R117's feet were outside of the bed covers and appeared very dry with peeling skin. On 3/9/26 at 8:45 AM, during a return visit, R117 was observed awake in bed and their feet were outside of the bed covers. R117's feet continued to appear very dry with peeling skin. A review of the clinical record for R117 documented an admission date of 2/13/24. R117's diagnoses included schizoaffective disorder and cognitive communication deficit. Physician orders documented to apply Ammonium Lactate External Lotion 12% to resident's upper and lower extremities topically two times a day for itchy dry skin and torso. Dated 10/15/25. A review of R117's care plans documented in part the following: Focus: I need assistance with my ADL's related to impaired mobility, weakness and deconditioning. Intervention: I need partial/moderate assistance from staff with personal hygiene. Dated 2/14/24. Focus: I have actual impaired skin integrity related to scratching my left buttocks and in functional mobility and incontinences of bowel and bladder. Intervention: Ammonia lactate solution to bilateral upper and lower extremities twice daily. Dated 10/15/25. On 3/9/26 at 10:25 AM an observation and interview were conducted with Licensed Practical Nurse (LPN) X regarding R117's feet. LPN X described R117's feet as extremely dry and scaly. The areas in between R117's toes were extremely dry. Flakes of R117's dry skin were observed on the floor at the foot of R117's bed. LPN X said the ammonia lactate does not appear to be effective. LPN X said it was the nurse's responsibility to inform the doctor that the lotion was not working, and the resident needed something else. When informed that R117's feet appeared dry and scaly yesterday, LPN X said the certified nurse aides could have reported this concern to the nurse. On 3/10/26 at 12:30 PM, the Director of Nursing (DON) indicated that staff are expected to provide skin care for the residents. The DON said R117 was resistive to care. A review of R117's March 2026 medication administration record documented that out of the 17 scheduled applications of ammonia lactate lotion to date this month, there were only two refusals documented. The DON reviewed R117's clinical record and confirmed no other documented refusals of the ammonia lactate lotion during March 2026. The DON indicated R117's skin concerns and need for a change in intervention should have been addressed before today. On 3/10/26 at 4:20 PM during the exit conference, the Nursing Home Administrator and DON did not offer additional documentation or information when asked.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on observation, interview, and record review, the facility failed to properly assess the nutritional status and implement nutrition interventions for one resident (R12) out of one resident reviewed for dialysis. Findings include: On 3/9/26 at 9:31 AM, R12 was observed at the nurse's station prior to being transported to the dialysis center. R12 responded pleasantly when greeted. When queried about their appetite and meals, R12 responded that they had been eating okay. R12 appeared thin in appearance. A review of the clinical record for R12 documented an original admission date of 5/24/25 and readmission date of 10/21/25. R12's diagnoses included end stage renal disease (ESRD) and atherosclerotic heart disease. Physician's orders documented R12 was scheduled for hemodialysis services weekly on Monday, Wednesday, and Friday. R12 was prescribed a regular diet of pureed texture with thin liquid consistency. Additional review of R12's medical record documented the following:1. Dialysis communication sheet dated 11/19/25: Please send provider note for urology or update noted on plan for the patient's dx (diagnosis): RCC (Renal Cell Carcinoma). The document indicated a review by the Registered Dietitian (RD), as indicated by the initials (XX) RD written on the document. 2. Nursing note dated 2/16/26: Received a phone call from NP (nurse practitioner) of nephrology from dialysis concerned in regards to consistent drop in HGB (hemoglobin). Stated that since 2/11/26 hgb went from 8.2 to 7.4 today; wants (R12) to see the urologist so (they) can have clearance to administer Epogen (an injectable medication used to promote red blood cell production) during dialysis treatment. MD notified to call back with urology consult and further treatment protocol no new orders for Iron or blood cell replacement at this time. NP concerned due to possible DX. Renal cell carcinoma awaiting consultation. 3. An emergency care conference was held for the resident on 2/17/26: (R12) has renal carcinoma which was discussed with (R12's) son. The resident has an appointment to see a neurologist to get more information about the carcinoma. Hospice care was offered. The resident's son is not interested in signing (R12) up for hospice at this time. He wants to be notified about upcoming results from appointments. 4. Review of R12's care plans documented in part the following:Focus: I am at nutritional risk related to: I have a chronic disease: ESRD on dialysis. My renal RD has recommended I receive a supplement and that my diet be liberalized to regular. Revised 9/1/25.Intervention: I will receive a (specialized nutrition shake for people on dialysis) 1 carton/day as ordered. Date initiated 9/29/25. On 3/9/26 at 1:05 PM, an interview was conducted with RD V. RD V said they started working at this facility October 2025. Upon review of R12's medical record, RD V said they were unaware that R12 was diagnosed with renal cancer. RD V said renal cancer would change R12's nutritional requirements and affect nutrient absorption. An example provided by RD V was their protein requirement would change from 1.5 gm per kg (kilogram) of body weight to 2.0 gm protein per kg of body weight. RD V indicated R12 would need to receive extra calories otherwise their intake of protein would be use for calories (instead of repairing cells, muscle maintenance, and supporting growth). RD V indicated R12 was provided a specialized nutrition shake for people on dialysis, however, RD V was unaware that R12's specialized supplement order had been discontinued. RD V said R12 should be on this specialized supplement. Nutrition assessments for R12 completed by RD V on 1/7/26 and 2/28/26 did not address R12's diagnosis of renal carcinoma. During an interview on 3/9/26 at 1:30 PM, Unit Manager/Licensed Practical Nurse (LPN) T confirmed that R12 did not have a current order for the specialized supplement for people on dialysis. LPN T indicated this nutrition supplement was discontinued on 9/24/25. During an interview on 3/10/26 at 12:44 PM, the Director of Nursing (DON) said R12 should have received more nutrition because of the cancer diagnosis. A review of the facility policy titled, Nutritional Care, undated but provided during the survey, documented in part the following, Nutritional care is an individualized approach, which includes identifying and assessing each resident's nutritional status and risk factors, evaluating/analyzing the assessment information, developing and consistently implementing pertinent approaches, and monitoring the effectiveness of interventions and revising them as necessary. On (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3/10/26 at 4:20 PM during the exit conference, the Nursing Home Administrator and DON did not offer additional documentation or information when asked.

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. Based on observation, interview, and record review, the facility failed to ensure consistent coordination of care between the facility and the contracted dialysis center for one resident (R12) out of one resident reviewed for dialysis services. Findings include:During an interview on 3/9/26 at 9:29 AM, Licensed Practical Nurse (LPN) Y said completed dialysis communication sheets were put into a purple book at the nurse's station and then given to the Registered Dietitian (RD) for review. The following completed dialysis communication sheets for R12 were available at the nurse's station: 3/2/26, 3/4/26, 3/6/26. On 3/9/26 at 9:31 AM, R12 was observed at the nurse's station prior to being transported to the dialysis center. R12 responded pleasantly when greeted. During an interview on 3/9/26 at 1:05 PM, RD V was queried about available dialysis communication sheets for R12 and provided documents dated 12/15/25, 1/2/26, 1/30/26, and 2/6/26. RD V said they feel the rest of the communication sheets were at the nurse's station. During an interview on 3/9/26 at 1:30 PM, Unit Manager/LPN T said they ensure the floor nurses complete their portion of the dialysis communication sheets before the documents were given to the RD for review. On 3/9/26 at 1:37 PM the Director of Nurses (DON) said following the RD review, the communication sheets were given to medical records. The DON called medical records and requested available dialysis communication sheets for R12. On 3/9/26 at 1:46 PM, Medical Records Staff W provided dialysis communication sheets scanned in the electronic health record (EHR) for R12 dated 7/11/25, 10/24/25, 10/27/25, 10/29/25, 10/31/25, 11/5/25, 11/10/25, 11/12, 11/14/25, 11/17/25, 11/19/25, 12/5/25, and 12/10/25. Medical Record Staff W said there were no other dialysis communication sheets available in the medical records department for R12. On 3/10/26 at 8:15 AM, RD V presented additional dialysis communication sheets for R12 dated 1/2/26, 1/5/26, 1/12/26, 1/14/26, 1/16/26, 1/21/26, 1/28/26, 1/30/26, 2/2/26, and 2/6/26. During an interview on 3/10/26 at 11:07 AM, RD V said they were aware that some dialysis communication sheets were missing. Ultimately it was determined the following dialysis communication sheets were not available for R12 during the review period of January 2026 and February 2026: 1/7/26, 1/9/26, 1/19/26, 1/23/26, 1/26/26, 2/4/26, 2/9/26, 2/11/26, 2/13/26, 2/16/26, 2/18/26, 2/20/26, 2/23/26, 2/25/26, and 2/27/26. A review of the clinical record for R12 documented an original admission date of 5/24/25 and readmission date of 10/21/25. R12's diagnoses included end stage renal disease (ESRD) and atherosclerotic heart disease. Physician's orders documented R12 was scheduled for hemodialysis services weekly on Monday, Wednesday, and Friday. Review of R12's care plans documented in part the following:Focus: I am at nutritional risk related to: I have a chronic disease: ESRD on dialysis. Revised 9/1/25.Intervention: Intervention: Coordinate my nutrition plan with dialysis. Review communication sheets and labs monthly. Dated: 5/27/25. During an interview on 3/10/26 at 12:30 PM, the Director of Nursing (DON) reported that R12 does not refuse dialysis services. The DON said the purpose of the dialysis communication sheets was to collaborate with the dialysis center staff and physician to help create a positive health outcome for the resident. The facility policy titled, Dialysis Transportation, dated February 2018, documented in part, The dialysis communication form should accompany the resident to and from dialysis to assure continuity of communication. On 3/10/26 at 4:20 PM during the exit conference, the Nursing Home Administrator and DON did not offer additional documentation or information when asked.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235539	A. Building B. Wing	03/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Orchards at Northwest	16181 Hubbell St Detroit, MI 48235

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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 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post nurse staffing information every day. Based on observation, interview, and record review, the facility failed to display current daily staff ratio information in a prominent area that was readily accessible for all 117 residents as well as visitors/vendors in the facility and ensure the proper retention of previous staff ratio postings. Findings include: On 3/8/26 at 8:30 AM, upon entry into the facility, a document titled, Daily Staffing Report, dated 3/6/26 was observed posted in the foyer. During an interview on 3/10/26 at 10:08 AM, Staffing Coordinator (SC) U confirmed responsibility for the daily staffing report Monday through Friday, and weekend supervisors were accountable for its completion Saturday and Sunday. SC U indicated the daily staff postings were to be available so families could check to see if there was adequate staffing. A review of daily staffing reports for January 2026 was conducted with SC U. Daily staff postings were not available for the following dates: 1/1/26, 1/3/26, 1/4/26, 1/9/26, 1/10/26, 1/11/26, 1/15/26, 1/17/26, 1/18/26, 1/24/26, 1/25/26, and 1/31/26. During an interview on 3/10/26 at 12:52 PM, the Director of Nursing (DON) said the purpose of the daily staff report was to show that they have appropriate staffing to provide adequate care. The posted information was for staff, family, and the residents. The DON confirmed that the weekend supervisor was responsible for completing the posting on Saturday and Sunday. On 3/10/26 at 4:20 PM during the exit conference, the Nursing Home Administrator and DON did not offer additional documentation or information when asked.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview and record review, the facility failed to ensure a medication cart was secured in accordance with professional standards for one medication cart of six medication carts reviewed for medication storage and safety.Findings include: On 03/08/2026 at 08:38 AM, during a tour of the third floor, a medication cart on hall Three- East was observed with a tubular lock key system extended outward (unlocked). The drawers to the cart were opened and closed to ensure findings. Three unidentified residents were observed sitting in wheelchairs close to the medication cart. One unidentified resident was observed walking up and down the Three-East hallway. No staff were observed in the Three-East hallway. The medication cart was stationed not accessible to view of the nursing desk.On 03/08/2026 at 08:40 AM, Nurse Q was observed walking back towards the Three-East Hall. Nurse Q was asked about the unlocked medication cart. Nurse Q stated that nurses are expected to lock their medication carts when not in view of their cart.On 03/10/2026 at 10:54 AM, the Director of Nursing (DON) was interviewed and informed that Nurse Q left her med cart unlocked and was not visible. The DON stated the medication carts should be locked.Review of the facility's policy Medication Storage in the Facility undated, revealed the following: Medication and biologicals are stored, securely, and properly following manufacturer's recommendations or those of the supplier.Medication rooms, carts, and medication supplies are locked or attended to by the persons with authorized access.