

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER The Orchards at Canterbury on the Lake		STREET ADDRESS, CITY, STATE, ZIP CODE 5601 Hatchery Rd Waterford, MI 48329	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38271</p> <p>This citation pertains to intake #MI00149313.</p> <p>Based on interview and record review the facility failed to ensure regularly scheduled bathing was provided for one resident (R902) of two residents reviewed for activities of daily living (ADL's). Findings include:</p> <p>On 3/5/25 a concern submitted to the State Agency was reviewed that alleged R902 was not receiving regular bathing.</p> <p>A grievance form dated 1/6/25 was reviewed and revealed the following: [R902] did not receive his shower on 1/2 .</p> <p>On 3/5/25 the medical record for R902 was reviewed and revealed the following: R902 was initially admitted on [DATE] and was discharged on [DATE]. R902 had diagnoses including Heart failure and Weakness. A review of R902's MDS (minimum data set) with an ARD (assessment reference date) of 11/22/24 revealed R902 needed assistance from facility staff with bathing.</p> <p>A review of R902's comprehensive careplan revealed the following: Focus-I need assistance with my ADL's. Date Initiated: 11/17/2024 .</p> <p>A Physician's order dated 11/18/24 revealed the following: Shower 2 x Weekly every night shift every Mon, Thu if no shower given, explain why in small nursing note.</p> <p>A review of R902's January 2025 TAR (treatment administration record) for their shower Physician order revealed R902 was not provided a shower on 1/2/25 or from 1/14/25 through 1/22/25 (date of discharge).</p> <p>A review of R902's CNA (Certified Nursing Assistant) bathing documentation revealed no documentation that R902 had been provided regular bathing after 1/13/25 or that R902 had been provided bathing on 1/2/25.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/6/25 at approximately 9:30 a.m., The Director of Nursing (DON) was queried pertaining to the lack of showers being documented for R902. At that time, the bathing documentation was reviewed with the DON and they indicated that they had documentation of showers being provided through December 2024 and into January 2025. The DON indicated they had no documentation that R902 was provided showers after 1/13/25. The DON indicated that R902 discharged on [DATE] and that the Nursing staff were ensuring residents received bathing twice week as well as grievances and resident council minutes being monitored for any concerns related to bathing. The DON indicated that no issues with showers had been reported since R902's date of discharge.</p> <p>During the onsite survey, past noncompliance (PNC) was cited after the facility implemented actions to correct the noncompliance which included .Monitoring showers to ensure residents were bathed twice weekly at a minimum, Nurse managers conducting regular rounding and monitoring grievances and resident council notes to ensure other residents did not have concerns regarding bathing. The facility was able to demonstrate monitoring of the corrective action and maintained compliance.</p>		