

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 05/15/2025
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>34208</p> <p>This citation pertains to intake #MI00152409.</p> <p>Based on interview and record review the facility failed to address grievances for one resident, (R702) of two residents reviewed for grievances, resulting in verbalized frustrations with quality of care. Findings include:</p> <p>A complaint received by the State Agency alleged the facility failed to address multiple instances of resident/family grievances.</p> <p>On 5/15/25 at 12:58 PM, a review of a facility provided investigation file was conducted. The file contained a typed document prepared by Social Worker 'A' that read, During my phone call with (R702's family member) some concerns were expressed .(R702's family member) stated that during her visit yesterday (R702's) nurse was rude and she got into a, 'back-and-forth' with the nurse .(R702's family member) also reported that every time she has come to visit her mother, (R702) is soiled, sometimes to the point that her bedding is soaked .</p> <p>Continued review of the file included a Concern Form initiated by Social Worker 'A' and completed by the facility's Administrator. The section headed Corrective Action to be Taken was noted to be blank. It was further noted the section headed Outcome satisfaction level that indicated the filer of the grievance was satisfied or not satisfied with the outcome was also left blank.</p> <p>On 5/15/25 at 2:12 PM, an interview with the facility's Administrator was conducted. They admitted they were aware of the grievances lodged by R702's family regarding their allegation of a rude nurse and several instances of them finding R702 wet/soiled. They explained they offered to place an indwelling catheter to aid with wound care and keeping the resident dry but the family declined. They further said the Director of Nursing (DON) educated the nurse who was alleged to be rude. They were asked why nothing was documented on the form in terms of attempted resolution and whether R702's family was satisfied or not satisfied with the outcome, to which they said they should have documented it on the form.</p> <p>A review of a facility provided policy titled, Concern/Grievance Policy was reviewed and read, .Residents and their family members may voice complaints, concerns and/or grievances to the facility or other entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. The facility will make prompt efforts to resolve grievances .</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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