

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235609	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2026
NAME OF PROVIDER OR SUPPLIER The Orchards at Armada		STREET ADDRESS, CITY, STATE, ZIP CODE 22600 Armada Ridge Road Armada, MI 48005	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Intake 2786506. Based on interview and record review, the facility failed to ensure a wound status condition update to specialist for one resident (R901) of three residents reviewed for wounds. Findings Include: A complaint called into the State Agency indicated, Neither (name of consulting physician) and/or myself or my family members-who were visited daily- were never notified that there was an infection going on with (name of R901's) leg. (Name of consulting physician) sent (name of R901) to emergency immediately. Review of the clinical record revealed R901 was admitted to the facility on [DATE]. R901's diagnoses included Chronic ulcer of the right ankle (open wound right lower leg) and Varicose veins of Right lower extremity (RLE) with ulcer. The record revealed the resident was to have a wound vac (a vacuum dressing over a wound to promote healing) as ordered by a Wound Care Clinic Consulting Specialist (WCCCS). R901 had a follow-up visit on 12/4/2025 with the WCCCS where the wound vac was removed with an Unna boot (dressing and wrap used to heal wounds) was ordered. Review of the clinical record revealed on 12/10/25, the wounds demonstrated increasing edema (swelling) and redness, pending Primary Medical Doctor (PMD) C contact and evaluation. Further review of the record documented on 12/11/25, PMD C was notified of swelling, redness, and warmth of the right foot and R901's white blood count (indicating infection) was 11.6 (normal range is 5 - 10). PMD C's documentation revealed they have spoken with the WCCCS regarding the plan of care. The plan of care included a change in the antibiotics in addition to cleanse with acetic acid, normal saline rinse, pat dry, betadine wipe to peri-wound (around wound), apply nickel thick layer of wound debriding ointment (removal of unhealthy tissue), normal saline moist gauze, covered by dry gauze covered with thicker pads and wrapped with gauze wrapping to be secured with self-adherent bandage from metatarsal heads (mid foot) to just below the knee and recommended a consult with the wound care doctor. There is no documentation indicating the WCCCS was consulted. A progress note dated 12/12/25, by Rehabilitation Nurse Practitioner (RNP) D revealed R901 stated increasing RLE pain, edema, warmth, drainage, and erythema (redness). RNP D further documented to still followed with wound care. R901 also revealed they were not sleeping well so did not want to attend therapy that day. There is no documentation indicating the WCCCS was consulted. Further review revealed on 12/16/25, R901 was complaining of throbbing of the wound. Documentation revealed under the heading Skin: Wound Vac off, wound right lower extremity with slough, yellowish drainage, foul-smelling, saturated gauze and redness surrounding warmth, looks like cellulitis with wound infection. There is no documentation indicating the WCCCS was consulted. A Wound Care Nurse (WCN) A progress note dated 12/17/25 documented, Increased ulceration, slough/necrosis, edema, heavy drainage. additional new ulcerations 100% necrotic (dead tissue), slough is holding drainage, serous drainage, purulent drainage both observed. Upon light pressure to sloughed areas with cleansing, moderate bright yellow thick purulence expressed. Slough has membrane like appearance and both types of drainage can be distinctly</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 235609
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