

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 07/30/2026
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)		
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 ensure the call light was kept within reach for one (R15) of four residents reviewed for call light access. Findings include: On 07/28/2026 at 10:20 AM, R15 was observed lying in bed. The call light was observed hanging over the top left edge of the head of the bed and clipped onto itself at the side of the mattress out of view and reach. R15 was asked how they contact staff if they need assistance and they couldn't provide a response. When asked if they use a call light, they stated yes. When asked if they knew where their call light was, they stated, Sometimes it's right here with me but not always. A review of R15's electronic medical record (EMR) revealed they were admitted to the facility on [DATE] with diagnoses including Right Femur Fracture and Anxiety Disorder. The Minimum Data Set (MDS) assessment dated [DATE] indicated R15 has moderate cognitive impairment and requires maximum assistance with most self-care tasks. R15's activities of daily living (ADLs) care plan included the intervention Encourage me to use my call light, keep it within my reach. On 07/29/2026 at 9:51 AM, R15's call light was observed to be clipped onto itself on the left side of the mattress at the head of the bed, out of the resident's view and reach. R15 was asked if they knew where their call light was and they reported they did not. R15 was asked if they would prefer to be able to reach and use their call light and they stated, Of course I would. On 07/30/2026 at 8:38 AM, R15 was observed lying in bed eating breakfast. The call light was observed clipped on the left side of the mattress at the head of the bed as previously observed. R15 was asked if they were able to reach their call light or if they knew where it was and they stated No, I'm not sure where it is. When asked if they would like to be able to see and reach the call light they stated Oh, yes I would. On 07/30/2026 at 10:00 AM, Unit Manager (UM) B was interviewed and asked their expectation regarding resident's access to their call light and said, The goal is for residents to have their call light within reach. On 07/30/2026 at 11:25 AM, The facility Director of Nursing (DON) was interviewed and confirmed call lights are to be kept within resident's reach. A review of the undated facility policy titled Unit Rounds (describing the Standard Operating Procedure (SOP) for daily unit rounds) revealed the item Call light placed appropriately on a list of items to check in resident rooms.		

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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