

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235632	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/29/2024
NAME OF PROVIDER OR SUPPLIER  The Orchards at Samaritan		STREET ADDRESS, CITY, STATE, ZIP CODE  5555 Conner Avenue, Suite 4000 Detroit, MI 48213	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39958</p> <p>This citation pertains to intake number MI00114339.</p> <p>Based on observation, interview and record review, the facility failed to provide timely incontinence care for one resident (R53) of ten residents reviewed for Activities of Daily Living (ADL), resulting in the potential for skin breakdown and infection.</p> <p>Findings include:</p> <p>In an observation on 2/27/24 at 11:52 a.m., R53 laid in bed and the room had a strong urine smell.</p> <p>In an observation on 2/27/24 at 1:56 p.m., Certified Nursing Assistant (CNA) D performed incontinence care for R53. A strong urine smell was noted in R53's room. R53's brief was heavily saturated with urine as evidenced by the dark blue lines down the center of the brief and the bed pad was soiled as evidenced by yellow staining.</p> <p>In an interview on 2/27/24 at 2:02 p.m., CNA D reported R53 was checked and changed at 7am and 12pm. CNA D reported R53's bed pad was changed because it was wet.</p> <p>Review of an Admission Record revealed, R53 admitted to the facility on [DATE] with pertinent diagnoses which included Dementia and Atopic Dermatitis (skin inflammation).</p> <p>Review of a care plan revealed R53 had focus, I am incontinent of Bowel revised 12/11/23. Interventions included check me at least every two hours during the day and change my brief if needed, initiated 11/14/22.</p> <p>Review of a Kardex for R53 revealed, bladder/bowel, check me at least every two hours during the day and change my brief if needed.</p> <p>In an observation on 2/29/24 at 8:13 a.m., CNA E performed incontinent care for R53. A strong urine odor was noted upon entering R53's room. R53's brief was heavily saturated with urine as indicated by dark blue lines down the center of the brief.</p> <p>In an interview on 2/29/24 at 8:14 a.m., CNA E reported this was the first time R53 was changed this morning.</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>In an interview on 2/29/24 at 8:16 a.m., Licensed Practical Nurse (LPN) F reported the CNA should check and change the residents every two hours and as needed.</p> <p>In an interview on 2/29/24 at 12:54 p.m., the Director of Nursing (DON) reported incontinent residents should be checked and changed every two hours and as needed.</p>		