

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  03/12/2026
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to administer medications according to physician orders for one (R703) of four reviewed for medications. Findings include:A review of the Electronic Medical Record (EMR) revealed R703 was originally admitted on [DATE] and readmitted [DATE] with diagnoses included Chronic systolic (Congestive) Heart Failure, Acute Kidney Failure and Traumatic Subarachnoid Hemorrhage. Further review revealed a Brief Interview for Mental Status score of 15/15 which indicated intact cognition. Further review of the medical record revealed a progress note dated 2/18/2026 at 20:03 which stated Received resident sitting in chair with pants off with some sob writer administered breathing treatment and explained to resident that dr started them on new med prednisone to help reduce sob (shortness of breath) and to help their lungs fight back writer able to calm resident tolerated meds well can make needs known, continent of bowel &amp; bladder, call light within reach will continue to monitor 123/88 98 94 20 BS 118 A review of the physician's orders revealed an order on 2/17/26 for Albuterol Sulfate Inhalation Nebulization (2.5 MG/3ML 0.083% to be given 1 vial inhale orally via nebulizer one time only for S.O.B (shortness of breath) for 1 day. A review of the February 2026 medication administration record showed that the medication was given on 2/17/25. There was no order for another breathing treatment from physician.On 3/12/26 at 11:30 am, the Director of Nursing (DON) was queried about the medication orders. The DON reviewed the orders and stated that the order was for one time only and should not have been given without the physician's order. A review of the undated Medication Orders Policy noted the following: Medications are administered only upon the clear, complete, and signed order of a person lawfully authorized to prescribe During the onsite survey, past noncompliance (PNC) was cited after the facility implemented actions to correct the noncompliance which included: completed a thorough investigation to identify root cause; did an on the spot education for licensed nurses in the facility at time of notification of this error.; Immediately re-educate all the licensed nurses on a) administering medications without a physician orders (medication administration policy) b)Transcribing physician orders c) Notifying the PCP and family on a change in condition d)Expected documentation in PCC following an event e) PCP notified regarding a medication error.How the facility monitors the effectiveness of its quality improvement measures: the nurse managers will do grand rounds daily. All findings will be discussed in the AM clinical / stand down; Weekly the Administrator will conduct random rounds. With all findings being discussed in the AM clinical with any needed follow up being done immediately. All findings will be reported to the QA team monthly; Results of these audits will be submitted to the QA Committee monthly for review and further recommendations: The Director of Nursing is responsible for compliance. The facility was able to demonstrate monitoring of the corrective action and maintained compliance. Date of compliance 2/20/26.</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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