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| 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 03/26/2025 |
| 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.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0584</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 a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47964</p> <p>Based on observation, interview, and record review the facility failed to repair the floor of one resident (R95) of three reviewed for a homelike environment resulting in frustration and a potential hazard.</p> <p>Findings include:</p> <p>On 3/24/25 at 11:10 AM, R95 was interviewed about living conditions at the facility and stated, There is a hole in my floor. I asked them to fix it, it's been a year. There was an approximate six by -four-inch patch of missing floor covering observed near R95's foot of bed. R95 verbalized frustration that the hole had not been fixed.</p> <p>On 3/26/25 at 7:43 AM, R95's room was observed with Maintenance Supervisor (MS) C. MS C acknowledged the missing floor tile near the foot of R95's bed. When queried about a work order for the missing tile MS C replied, I'm aware of the tile issue but haven't had the opportunity to fix it yet. MS C said there wasn't a work order for the flooring and the facility staff were not utilizing a formal work order system. MS C acknowledged the repair was not completed timely.</p> <p>On 3/26/25 at 8:00 AM maintenance room audits were requested and were not provided by the end of survey.</p> <p>On 3/26/25 at 12:55 PM, R95's room was observed with the Nursing Home Administrator (NHA). R95 was observed sitting in a wheelchair holding a rolling walker. The NHA acknowledged the hole in R95's floor and agreed the flooring needed to be repaired and that the hole in the flooring created a tripping hazard and could not be cleaned properly.</p> <p>Record review of R95's Electronic Health Record (EHR) revealed admission to the facility on [DATE] with diagnoses which included chronic heart failure and age-related physical debility. Review of R95's Brief interview for Mental Status (BIMS) assessment performed on 2/5/25 revealed a BIMS of 12/15 moderately impaired cognition. Review of R95's fall risk assessment dated [DATE] revealed a weak ambulator-steps are short resident may shuffle.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Review of the facility policy titled Resident Room Maintenance dated 2009, revealed in part: Resident rooms are inspected and maintained on a periodic basis to ensure proper function. To check each room at least once a week, it is necessary to schedule blocks of rooms to be checked each workday. Check for chipped paint on doors, woodwork, walls and ceilings. Check walls and ceilings for damage. Check for stained, broken, or chipped floor tile or sheet vinyl. Record preventative maintenance and equipment repairs or replacement in the TELS system.</p> | | |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41423</p> <p>Based on observation, interview, and record review the facility failed to properly store an oxygen tank for one (R33) out of two residents reviewed for oxygen therapy, resulting in the potential for injury.</p> <p>Findings include:</p> <p>On 03/24/25 at 02:09 PM, R33 was observed in bed, on their left side, wearing oxygen via nasal canula. The oxygen was set at 2 liters via concentrator. R33 said that they were oxygen because they are short of breath. The oxygen tubing did not have a date label. On the right side of R33's bed was a green cylinder oxygen tank, the pressure gauge on the regulator needle position was at full. The oxygen tank was observed without a medical rack/stand (oxygen tanks should be stored upright and secured in a stand or cart to prevent them from tipping over, which can cause damage and potential leaks).</p> <p>A review of R33's electronic medical record revealed an admission to the facility on [DATE] with the diagnosis of Stroke, Seizures, Atrial Fibrillation, Asthma, Chronic Obstructive Pulmonary Disease, Diabetes Type II, Heart Disease, Smoker, and Chronic Pain. R33 had a Brief Interview for Mental Status (BIMS) score dated 01/08/25 revealed a score of 15/15 (intact cognitive function).</p> <p>On 03/26/25 at 10:32 AM, the Director of Nursing (DON) was interviewed and queried about R33 green cylinder oxygen tank at the bedside without a rack or stand. The DON said, That will all be taken care of . a free standing o2 tank can be dangerous.</p> <p>A review of the facility's policy Oxygen Use Safety dated Revised December 2009 revealed the following:</p> <p>It is the policy of this facility to use oxygen in a safe and hazard free manner .Oxygen cylinders must be stored in racks with chains, sturdy portable carts, or approved stands .Oxygen cylinders shall not be stored in any resident room or living area .Oxygen cylinders should never be left free-standing .</p> |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41423</p> <p>Based on observation, interview, and record review the facility failed to date/label oxygen tubing for two residents (R9 and R33) and failed to ensure a physician order regarding oxygen use for one resident (R33) of three residents reviewed for respiratory care.</p> <p>Findings include:</p> <p>R9</p> <p>On 03/24/25 at 12:39 PM, R9 was observed sitting on the side of the bed, wearing sweatpants and a tee-shirt. R9 was not wearing oxygen at the time. R9 said that they wear oxygen at night or when they are short of breath. R9's oxygen tubing laid across their bed. The oxygen tubing was not labeled with a date. When queried how frequently their oxygen tubing was changed, R9 indicated they were unsure. R9's oxygen concentrator (a medical device that separates nitrogen from the air to be able to breathe up to 95% pure oxygen) was next to their bed with a thick white substance smeared across the top and dust debris in the crevices of the medical device.</p> <p>A review of R9's electronic medical record revealed an admission to the facility on [DATE] with the diagnoses of Morbid Obesity, Seizure Disorder, Chronic obstructive pulmonary disease (COPD), Diabetes Mellitus type 2, Anxiety, and Heart Failure. R9 had a Brief Interview for Mental Status (BIMS) score dated 3/13/2025 revealed a score of 15/15 (intact cognitive function). A review of R9's care plan date, revision of 4/2/2024, revealed the following:</p> <p>Focus: I have altered respiratory status/difficulty breathing .Interventions: Change my O2 (oxygen) tubing, cannula weekly and ensure my concentrator is clean of debris.</p> <p>A review of R9's physician orders dated 12/09/2024 revealed the following:</p> <p>Change O2 tubing every week, date and place in bag when not in use.</p> <p>R33</p> <p>On 03/24/25 at 02:09 PM, R33 was observed in bed, on their left side, wearing oxygen via nasal canula. The oxygen was set at 2 liters via concentrator. R33 said that they wear oxygen because they are short of breath. The oxygen tubing did not have a date label.</p> <p>On 03/25/25 at 09:14 AM, R33 was observed in bed, laying on her left side. R33 was wearing oxygen via nasal canula, the oxygen tubing was not labeled.</p> <p>A review of R33's electronic medical record revealed an admission to the facility on [DATE] with the diagnosis of Stroke, Seizures, Atrial Fibrillation, Asthma, Chronic Obstructive Pulmonary Disease, Diabetes Type II, Heart Disease, Smoker, and Chronic Pain. R33 had a Brief Interview for Mental Status (BIMS) score dated 01/08/25 revealed a score of 15/15 (intact cognitive function).</p> <p>A review of R33's care plan dated 08/02/2024 revealed the following:</p> <p>(continued on next page)</p> | | |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide me (R33) with my medications as ordered .Monitor my oxygen saturation .</p> <p>A review of R33's care plan did not include an order for oxygen therapy.</p> <p>A review of R33's electronic medical record did not include a physician's order for supplemental oxygen therapy.</p> <p>On 03/26/25 at 10:32 AM, the Director of Nursing (DON) was interviewed and queried about R9 and R33 oxygen tubing not labeled and R33 not having an order for oxygen therapy. The DON stated, That will all be taken care of .the tubing should have labels with a date.</p> <p>A review of the facility's policy Oxygen Administration dated October 2011 revealed the following:</p> <p>A resident will receive oxygen per physician' orders and facility protocol. The resident's disease, physical condition, and age will help determine the most appropriate method of administration .</p> |

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| <p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>47964</p> <p>Based on interview and record review, the facility failed to ensure a Registered Nurse (RN) was on duty for eight consecutive hours each day, seven days a week; resulting in the potential for inadequate coordination of emergent or routine care that could cause negative outcomes. This deficient practice had the potential to affect all residents in the facility.</p> <p>Findings include:</p> <p>On 3/26/25 at 8:16 AM review of the nurses' schedule for the months of October, November and December 2024 with staffing coordinator H, revealed there was no Registered Nurse (RN) coverage on the following date: October 20th, 2024.</p> <p>Staffing coordinator H acknowledged the facility had difficulty in the past finding RN coverage for weekends and that sometimes the Director of Nursing (DON) would cover a shift. Staffing coordinator H was not aware that the DON coverage does not count towards RN coverage when the facility census is greater than 60 residents.</p> <p>On 3/26/25 at 12:30 PM the DON was interviewed and said there have been times when an RN was not available, and the expectation is that there is 8-hour RN coverage 7 days per week. The DON agreed the resident population required RN supervision.</p> <p>On 3/26/25 at 12:14 PM a RN coverage policy was requested.</p> <p>On 3/26/25 at 3:43 PM the Nursing Home Administrator was interviewed and said the facility does not have a RN coverage policy and that the facility refers to the Center for Medicare and Medicaid Services guidelines.</p> |

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| <p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47964</p> <p>Based on interview and record review the facility failed to address Medication Regimen Review (MRR) recommendations timely for one resident (R4) of five residents reviewed for medication regimen review, resulting in the continuance of unnecessary medications and a lack of communication of recommended medication changes between pharmacist and physician.</p> <p>Findings include:</p> <p>R4</p> <p>Record review of R4's Electronic Health Record (EHR) revealed R4 was admitted into the facility on [DATE] with most recent readmission on 1/8/25 with diagnoses that included cerebral infarction (stroke), major depressive disorder, and anxiety disorder. According to the quarterly Minimum Data Set (MDS) dated [DATE], R4 had intact cognition.</p> <p>On 3/25/25 at 3:51 PM, R4's monthly Medication Regimen Review irregularity reports dated 1/11/25 were reviewed with the Director of Nursing (DON) and revealed:</p> <p>Please respond to the following:</p> <p>Duplicate orders: It appears the resident has the following duplicate orders that are being administered:</p> <ol style="list-style-type: none"> 1. Famotidine (Pepcid) 20mg written date: 12/12/24. 2. Pepcid (Famotidine) 20mg written date: 1/8/25. <p>Please respond to the following:</p> <p>Lidoderm patches should only be worn for 12 hours due to the risk of local adverse events if used beyond this duration.</p> <p>The DON acknowledged the physician did not provide a response to the irregularity reports.</p> <p>Review of R4's medication orders revealed:</p> <ol style="list-style-type: none"> 1. Famotidine 20mg ordered 12/12/24 and discharged on [DATE]. 2. Pepcid oral 20 mg 1 tab before bed ordered 1/8/25 to current. 3. Lidoderm Patch 5% apply to per additional directions topically in the morning for right neck pain. <p>(continued on next page)</p> |

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| <p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 3/26/25 at 12:30 PM, the DON was interviewed and said the expectation is for the physician or nurse practitioner to review the pharmacist reports and provide a timely response. The DON acknowledged Famotidine 20mg was ordered on 12/12/24 and not discharged until 2/24/25 and Pepcid 20mg was ordered on 1/8/25 and both the Famotidine and Pepcid (same medication) were given to the patient until 2/24/25. The DON also acknowledged the order for the Lidoderm patch ordered on 1/8/25 did not address wear time per the pharmacists recommendation.</p> | | |

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| <p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38230</p> <p>Based on interview and record review the facility failed to ensure two residents (R4 and R5) of five sampled residents reviewed for medications, did not receive unnecessary medications in the form of the prolonged use of a cough syrup and an antacid, resulting in the potential for increased risk of adverse drug effects.</p> <p>Findings include:</p> <p>R5</p> <p>Review of the electronic medical record documented R5 was initially admitted into the facility on [DATE] with a most recent readmission of 1/8/25 with diagnoses that included chronic obstructive disorder (COPD), angina, and dementia. According to the quarterly Minimum Data Set, dated dated [DATE], R5 had severe cognitive impairment (BIMS=3) and required extensive assistance with activities of daily living.</p> <p>On 3/25/25 at 11:17 a.m. review of the medication regimen review, report dated 7/6/24, documented a request for a stop date for the following order: Guaifenesin 100 mg/5ml two times a day, written on 5/17/24.</p> <p>Review of the physician's order dated 5/17/24 documented Guaifenesin Oral Syrup 100mg/5ml, give 10 mg by mouth two times a day for cough. The order was discontinued on 8/3/24.</p> <p>Review of the Medication Administration Record (MAR) for the months of May, June, July (2024) documented R5 was administered Guaifenesin Oral Syrup 100mg/5ml, give 10 mg by mouth two times a day.</p> <p>The nurses progress notes were reviewed for June and July (2024) and did not document R5 continued to have a cough but continued to be administered the cough syrup as ordered.</p> <p>On 3/26/25 at 1:35 p.m. the Director of Nursing (DON) was interviewed and queried the reason R5 was taking the cough syrup from a prolonged amount of time. The DON said the nurse practitioner kept the resident on the cough syrup due to a cough related to COPD and congestion. The DON was not able to provide an explanation why the order did not have a stop date or the reason nursing did not document the need for continued use.</p> <p>On 3/26/25 at 1:54 p.m. Nurse Practitioner J was contacted via telephone however did not answer or return call by the end of the survey.</p> <p>According to the manufacturer instructions Guaifenesin is used to help clear mucus or phlegm (pronounced phlegm) from the chest when you have congestion from a cold or flu. It works by thinning the mucus or phlegm in the lungs. Guaifenesin is not meant to be used for long-term cough from smoking or chronic breathing problems .</p> <p>47964</p> <p>(continued on next page)</p> | | |

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| <p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>R4</p> <p>Record review of R4's Electronic Health Record (EHR) revealed R4 was admitted into the facility on [DATE] with most recent readmission on 1/8/25 with diagnoses that included cerebral infarction (stroke), major depressive disorder, and anxiety disorder. According to the quarterly Minimum Data Set (MDS) dated [DATE], R4 had intact cognition.</p> <p>On 3/25/25 at 3:51 PM, R4's monthly Medication Regimen Review irregularity reports dated 1/11/25 were reviewed with the Director of Nursing (DON) and revealed:</p> <p>Please respond to the following:</p> <p>Duplicate orders: It appears the resident has the following duplicate orders that are being administered:</p> <ol style="list-style-type: none"> 1. Famotidine (Pepcid) 20mg written date: 12/12/24. 2. Pepcid (Famotidine) 20mg written date: 1/8/25. <p>The DON agreed the physician did not provide a response to the irregularity report dated 1/11/25.</p> <p>Review of R4's medication orders revealed:</p> <ol style="list-style-type: none"> 1. Famotidine 20mg ordered 12/12/24 and discharged on [DATE]. 2. Pepcid oral 20 mg 1 tab before bed ordered 1/8/25 to current. <p>On 3/26/25 12:30 PM, the DON was interviewed and said the expectation is for the physician or nurse practitioner to review the pharmacist reports and provide a timely response. The DON agreed the duplicate medication was not discharged (discontinued) until 2/24/25.</p> <p>On 3/26/25 at 3:44 PM, the Nursing Home Administrator (NHA) was interviewed and said the facility did not have an unnecessary medication policy.</p> |

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| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>41423</p> <p>Based on observation, interview and record review, the facility failed to ensure proper cleaning and disposal of loose medications were conducted for one medication cart (400 Hall Cart) of four medication carts observed for medication storage and cleanliness.</p> <p>Findings include:</p> <p>On 03/26/25 at 09:35 AM, an observation and interview were conducted with Nurse G's 400 hall medication cart. Upon inspection of medication cart 400, a total of 19 loose pills were scattered on the bottom of the first and second drawers of the medication cart. The loose pills were varied in shapes, colors and sizes. In addition, the first and second drawers of medication cart 400 had dried tan stains, lint, and dust.</p> <p>On 03/26/25 at 09:45 AM, an interview was conducted with Nurse G regarding the loose medications and uncleanliness of medication cart 400. Nurse G said that the cart should be clean. When asked about their policy for loose medications, Nurse G said the pills should have been thrown away.</p> <p>On 03/26/25 at 10:35 AM, an interview was conducted with the Director of Nursing (DON) regarding the 19 loose pills and the debris found in medication cart 400. The DON said that the nurse managers were expected to check and clean the medication carts on their units.</p> <p>A review of the facility's policy Medication Storage in the Facility dated 3/2025, revealed the following: Medication storage areas are kept clean .and free of clutter.</p> |

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| <p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>15194</p> <p>Based on observation, interview and record review the facility failed to employee sufficient dietary staff and ensure operational consultation was provided to supervisory staff, resulting in inadequate sanitation in the kitchen. This deficient practice had the potential to affected 99 of the 104 residents that consumed meals from the kitchen.</p> <p>Findings include:</p> <p>On 3/24/25 at approximately 9:15 A.M. Food Service Supervisor (FFS) D was observed on the [NAME] unit assisting in collecting trays and transporting food carts to the elevator to go to the kitchen. while collecting trays and carts FSS D was checking unit refrigerators and taking resident's requests.</p> <p>At 10:00 A.M. during an observation of the kitchen FSS D was observed organizing the walk-In refrigerator and freezer to place delivered stock. During the observation FSS D was queried concerning current staffing in the department. FSS D reported one employee had called in the current morning and one dietary aide had resigned the previous month, and that position was vacant.</p> <p>During the observation of the sanitation in the kitchen FSS D was asked how frequently sanitation audits or monitoring was performed. The supervisor indicated all staff was encouraged to clean as they completed tasks, and the facility had a cleaning schedule which could not be located during the observation but would be provided later.</p> <p>On 3/25/25 at 12:00 P.M. FSS D was asked to present any cleaning schedule or consultations that had been performed FSS D indicated about a month earlier Fine Dining was restarted with the lunch meal being served to the residents. According to FSS D all residents received their breakfast and dinner meals in their rooms, but lunch was served from the four-unit kitchens. Currently, one unit was identified as not being used because of Covid precautions and equipment that had been ordered for service for that unit.</p> <p>On 3/24/25 at 12:30 P.M. lunch was not served in the [NAME] Dining room. FSS D was interviewed concerning what was done when dietary had staff shortages? FSS D was asked how many hours the department was budgeted? FSS D reported 51 hours a day which did not include the supervisor's position or any extra hours for call in coverage for staff. When there is a call-in staff members are asked to pick up hours, or we share tasks and sometimes I fill in. The supervisor was asked if that's what happened on Monday when there were only two dietary aides to cover the three units, no response was provided.</p> <p>(continued on next page)</p> | | |

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| 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 03/26/2025 |
| 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. | | | |
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| <p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>On 3/26/25 at 2:50 P.M. joined by (Area Manager) A.M. F and FSS D during an interview and record review of the schedule revealed on Tuesdays, Wednesdays and Thursdays the department had one am (morning) cook and 4 aides to cover breakfast and lunch. On Mondays and Fridays there were only three dietary aides and one cook for breakfast and lunch. Reviewing the current schedule jointly (there was a shortage of staff on 3/24/25). Each Monday and Friday the department was short of one dietary aide and one supervisor for coverage. A.M. F indicated the schedule hours originally provided was incorrect and the facility had scheduled 55 hours instead of 51 hours. At this time A. M. F offered no reason why the sanitation in the kitchen had not been addressed with the four additional hours. A.M. F was asked to provide any dietary audits, reports, or evidence of consultation for the kitchen.</p> <p>On 3/26/25 at approximately 3:40 P.M. during Quality Assurance Interview, the Administrator indicated staffing was being reviewed but provided no explanation for the lack of monitoring and oversight in the kitchen.</p> <p>Upon exiting the facility on 3/26/25 at 4:30 P.M. the submitted audit Form provided for the department was blank, and no cleaning schedule was provided as requested.</p> | | |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>15194</p> <p>Based on observation, interview and record review the facility failed to provide a safe and sanitary kitchen for food storage, preparation and service, resulting in the potential for food borne illnesses. This deficient practice affected 99 of the 104 residents within the facility.</p> <p>Findings include:</p> <p>On 3/24/25 at 10:00 A.M. and 3/25/25 at 11:40 A.M. the A.M. cook was observed wearing a beard restraint covering his beard but not his mustache. During a follow up observation on 3/25/25 at 11:50 A.M. in the presence of Area Manager (A.M.) F the employee was made aware of the improper use of the restraint and then adjusted it to cover the mustache and beard appropriately.</p> <p>On 3/25/25 at 12:15 P.M. during a lunch meal observation in the [NAME] Unit Dining room (400 hall) a tray with approximately eight containers of potato salad and assorted desserts were placed on top of the steam table cart. At 12:40 P.M., the temperature of the potato salad was recorded at 60 Degrees Fahrenheit (D.F.) There was no ice bath or cooling device in place to maintain proper holding temperature while the items awaited service. According to the 2023 Food Code, 3-501.16 2(a) cold potentially hazardous foods must be maintained at 41 D.F. or below.</p> <p>In the facility's main kitchen, the caulking along the scrape table of the dish machine was noted to be cracked and detached from the back splash. Accumulated within the broken caulking was standing water, food debris and a black, mold-like substance which was also observed on both the backsplash and the dish machine door.</p> <p>The exhaust hoods in the kitchen were heavily soiled with visible accumulation of grease, lint and food ash. A review of the maintenance cleaning records indicated the last professional cleaning of the exhaust hoods occurred on 1/7/25 and the next scheduled cleaning was not until 7/15/25. During an interview with Food Service Supervisor (FSS)'D concerning cleaning of the vents during interval scheduled cleaning FSS D indicated the kitchen staff had cleaned the hoods however, the supervisor was unsure of the last time they were cleaned. When asked to provide the cleaning schedule or tasks assignments from the previous month of sanitation, no documentation was provided.</p> <p>On 3/26/25 at 11:30 A.M., a walkthrough of the kitchen was conducted with Area Manager (A.M.) F, joined by the Administrator to review the ongoing sanitation concerns. During this observation, the same deficiencies were again visible. A.M. F acknowledged the concerns but did not offer an explanation as to why they had not been addressed. During this interview and observation A.M. F was asked to present and review the last month's cleaning schedule. The schedule was not provided as requested.</p> <p>In accordance with the 2023 Food Code: Hair Restraints 2-402.11. Food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints and clothing that covers body hair, that designed and worn to effectively keep their hair from contacting exposed food, clean equipment, utensils and linens .</p> <p>(continued on next page)</p> | | |

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| NAME OF PROVIDER OR SUPPLIER The Orchards at Samaritan | | STREET ADDRESS, CITY, STATE, ZIP CODE 5555 Conner Avenue, Suite 4000 Detroit, MI 48213 | |
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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Due to the facility's failure to maintain basic sanitation and follow required food safety protocols, residents were placed at risk for food borne illness. The lack of timely corrective action and failure to provide requested documentation reflect a breakdown in kitchen safety practices and oversight.</p> <p>Upon exiting the facility on 3/26/25 at 4:30 P.M. no additional information was provided related to the sanitation in the kitchen area.</p> | | |