

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235654	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2026
NAME OF PROVIDER OR SUPPLIER The Orchards at Lapeer		STREET ADDRESS, CITY, STATE, ZIP CODE 239 South Main Street Lapeer, MI 48446	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>This citation pertains to Intake Numbers 2732659 and 2739632. Based on interview and record review, the facility failed to ensure that a wound to the ankle was assessed, monitored and provided treatment for, for one resident (Resident 73) of three reviewed for wounds, resulting in the resident's ankle wound worsening, and developing an infection that resulted in the amputation of the leg. Findings include: Resident #73 (R73): A review of the complaint for Resident 73 (R73) revealed that the Resident admitted into the facility for wound care for a diabetic ulcer on the bottom of R73's foot. The Complainant KK explained that a new wound formed on R73's ankle while residing at the facility. The Resident went to an appointment due to an x-ray that showed dislocation but was sent from the appointment to the hospital for amputation of the leg due to necrotizing fasciitis. A review of R73's medical record revealed an admission into the facility on 1/8/26 with diagnoses that included acute osteomyelitis of left ankle and foot, non-pressure chronic ulcer of left lower leg, diabetes, diabetic neuropathy, and acquired absence of right leg below knee (below the knee amputation). The Resident had a discharge to acute care hospital on 1/28/26. A review of R73's progress notes revealed the following: 1/20/26 at 7:28 AM, . Upon assessment residents left ankle was swollen w (with)/ fluid. (Dr. Name) numbed area w/lidocaine, lanced and drained 60 cc (cubic centimeters) serosanguinous fluid from ankle. Resident tolerated procedure w/no pain or discomfort. While treating ankle and foot wound, (Dr.) heard popping/cracking noises upon movement coming from joint area. Resident states he has no feeling in his left foot and has not had feeling for years. He stated he does ride the bike in therapy every day. He has no pain on movement and was unaware of swelling that occurred. (Dr.'s name) notified. Xray ordered, non-weight bearing until further orders, immobilizer ordered, culture obtained from drainage, and currently on ABT (antibiotic) until 1/30. 1/21/26 at 11:39 AM, Xray resulted with deformity is seen in the tibiotalar joint, with widening of this joint space, with evidence also of deformities of the distal portion of the calcaneus bone and talus and navicular bones, with adjacent corticated bone densities related to old injuries. Diffuse soft tissue edema is seen in the lower portion of the leg and surrounding the ankle, more along the medial aspect, resection of pockets of air collections in the soft tissues adjacent to the distal tibia and the medial malleolus, from soft tissue emphysema. Underlying cellulitis podiatry considered. No obvious evidence of underlying osteomyelitis however is seen. A few vascular calcifications are seen. Orders for resident to follow up with ortho. 1/23/26 at 2:14 PM, Nursing Progress Note: Resident was noted to have a swollen left ankle. (Dr. name) laced the area with noted pussy substance coming out, retrieved a culture and it was negative. Xray of the area indicated Sharko Foot. Review of the wound culture with a collection date on 1/21/26 and report date on 1/21/26 revealed a summary of abnormal values No Organism Detected. A review of the Weekly Wound Healing Record for Wound #2, dated 1/27/26 revealed wound to left ankle, acquired during resident's stay on 1/20/26, with epithelial tissue present, granulation tissue present, slough tissue present, and moist. Drainage: bloody, moderate. Wound measurements Length 2.0 cm, Width 3.0 cm, Depth 2.0 cm. Treatment: cleanse with NS (normal saline) apply Medi honey, cover with ABD, wrap with kerlix. A review of R73's Wound Care Assessment, dated 1/20/26, revealed, . Since last visit patient is noted to has a left ankle valgus deformity. Patient has no pain to his limb. The left ankle now displays a medical displacement with significant effusion. Once (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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235654	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2026
NAME OF PROVIDER OR SUPPLIER The Orchards at Lapeer		STREET ADDRESS, CITY, STATE, ZIP CODE 239 South Main Street Lapeer, MI 48446	
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 0684 Level of Harm - Actual harm Residents Affected - Few	<p>anesthetized a #11 scalpel was used to make a cruciate incision. Approximately 60 cc of serous-sanguinous, brownish fluid was expressed. The site was once cleansed and again swabbed with betadine. Treatment Please cleanse the wound with wound cleanser and dry. Please treat wound with xeroform dressing and cover with kerlix or border foam dressing. Change dressing daily/PRN (as needed).A review of R73's Wound Care Assessment, dated 1/27/26, revealed, .Wound #2 Location: Left lateral ankle, Type: effusion with erosion, Description: At the site of aspiration noted on last visit the area is eroded open revealing white, pink-yellow granulation tissue. There is areas of fatty debris and tissue appreciated in the wound base which is partially removed using sharp dissection. The area is nontender. There is no odor. There is scant to moderate serous exudate. Wound edges are unattached with undermining appreciated from 11:00 to 3:00 deepest point being 1.8 cm. There remains mild subcutaneous emphysema in the area. Without signs of infection. There also appears to be some tendon exposure. Dimensions: 2.0 cm x 3.0 cm x 2.0 cm. A review of Resident 73's Treatment Administration Record (TAR) and orders revealed an order dated 1/27/26 to Cleanse left ankle w/wound cleanser, pat dry w/gauze, apply Medi honey to wound bed, cover with ABD pad, wrap w/kerlix every day shift for Diabetic ulcer. The TAR revealed one documented dressing change on 1/28/26. There was no order or documented dressing changes to the left ankle area from 1/20/26 when the swollen ankle was lanced to 1/27/26 with wound care team assessing the wound a week later. The review of assessments and progress notes failed to identify the worsening of the wound. A review of R73's hospital records for date of service at the hospital from the emergency room that started on 1/28/26 revealed the following:-Dated 1/28/26, X-Ray of left ankle Impression: 1. Severe deformity at the ankle with absence of the talus and advanced degenerative changes of the mid and hindfoot. 2. Moderate subcutaneous emphysema surrounding the ankle suggestive of gas-forming infection such as necrotizing fasciitis.-Doctor MM, I saw and examined the patient in the ER. We were asked to see the patient for a left foot wound. He has extensive gas in the soft tissues and was read out by radiology as concerning for necrotizing soft tissue infection. I agree with that assessment he has infection on the lateral aspect of the ankle with complete degeneration of the joint, purulent fluid draining and I am concerned about the possibility of necrotizing fasciitis. I am concerned about his debility and inability to mount an effective immune response. Based on this I would like to bring him emergently to the operating room for surgical intervention with ankle disarticulation and any needed procedures. I am concerned about the possibility of life-threatening worsening of his condition if we do not operate on him now.-Dated 1/29/26, a left amputation below knee was completed. Operative Report revealed date of service 1/29/26 with Postoperative Diagnosis: Necrotizing fasciitis left lower extremity.-On 2/6/26 a left amputation above knee was completed. On 3/3/26 at 2:12 PM, an interview was conducted with the Wound Care Nurse (WCN) - regarding R73's ankle wound. A review of Resident 73's medical record was conducted with the WCN. The Practitioner had lanced the swollen left ankle on 1/20/26 with a scalpel and from that point it was indicated the Resident had an open wound. When asked about their assessment, the WCN indicated she had not done one on the 20th, but the Practitioner had notes on the procedure. A review of the TAR revealed no dressing changes documented as completed on the left ankle until 1/27/26 when the wound care team had seen the Resident. It was reviewed with the WCN of lack of assessment, monitoring and treatment of R73's wound to the left ankle. It was determined that the Resident went to the Orthopedic Doctor's appointment and from there went to the acute care hospital and had not returned. On 3/3/26 at 3:22 PM, an interview was conducted with the Director of Nursing (DON) regarding R73's ankle wound with the lack of assessment, monitoring and dressing changes. The DON reported doing a timeline of the wound and stated, Yes, I have an issue with that also, and indicated, when the skin got worse, the Nurse should have gotten treatment and notified the Doctor and there should have been an order for a dressing change. The DON was asked about skin care policy, and they indicated they would follow the pressure ulcer policies for skin care. A review of the facility policy titled, Pressure Ulcer Preventative Measures, revealed, .2. Residents should be monitored during care and consistently by licensed (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235654	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2026
NAME OF PROVIDER OR SUPPLIER The Orchards at Lapeer		STREET ADDRESS, CITY, STATE, ZIP CODE 239 South Main Street Lapeer, MI 48446	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>nurses to identify potential areas for skin breakdown and integrity of overall skin. 5. The nurse inspects any reddened areas and/or breaks in the resident's skin and documents the inspection. A review of the facility policy titled, Pressure Ulcer & Skin Care Management, revealed, a resident having pressure ulcers receives necessary treatment and services to promote healing, prevent infection and reduce the risk of new pressure ulcers developing. 8. The nursing staff reviews the pressure ulcer prevention and treatment procedures with the resident's physician. They select the treatment procedures appropriate for the resident and the type of pressure ulcer or wound. The licensed nurse implements the wound care treatment procedures in accordance with current standards of practice.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235654	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2026
NAME OF PROVIDER OR SUPPLIER The Orchards at Lapeer		STREET ADDRESS, CITY, STATE, ZIP CODE 239 South Main Street Lapeer, MI 48446	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This Citation Pertains to Intake Number 2656620. Based on observation, interview, and record review the facility failed to ensure there was 1.) adequate staff to meets the needs of the residents, resulting in resident verbalizations of waiting long periods of time to answer call lights timely; receive assistance with activities of daily living (ADL), including toileting and incontinence care, and showers and 2.) adequate nurses including RN's to care for the needs of the residents, from a census of 68 residents, resulting in resident dissatisfaction, frustration, and unmet care needs. Findings Include:</p> <p>Confidential Group of Residents:</p> <p>On 3/2/26 a Confidential Group of Residents were together for a group meeting at approximately 3:00 PM. The Group consisted of seven Residents, all who were able to answer questions and six engaged in conversations and discussions. The group was asked about concerns with care received at the facility that included the following:</p> <p>-When asked about call light response, the whole group reported concerns with staff response to call lights activated. Concerns included having to wait an hour for someone to show up, nurses don't answer the call lights, the call light turned off, and staff report they will be back, then don't show back up. The Group reported that any time of day it was a concern but worse during shift change. The Group reported concerns of staff leaving the building and not being available when call lights were on. The Group reported that staff will go out to smoke multiple times and hear comments made by CNAs of I need a cigarette after that one and leave to go smoke. The Group reported call light response had been a concern brought up multiple times in Resident Council and the issue continued.</p> <p>-One Resident voiced concerns of not enough staff to help during mealtimes, and not enough staff to pass meal trays with voiced concerns of seeing the carts with trays set up and no one bringing them down the hall, they sit on the hall, up to 40 minutes. Another Resident reported their roommate needed help with sitting up and setting up the tray by opening items, it (the meal tray) had sat there for 45 minutes, by that time someone came in, it had been sitting for close to an hour, it must have been so cold. Another Resident reported their roommate needed to be fed and sometimes the staff were not available to assist the resident.</p> <p>-Regarding staffing, the group voiced some really good aides, but some are not, new staff come in for a couple days and then they don't show back up, not enough staff at night , not enough help that meets their needs timely, if someone (CNA) doesn't show up (for work) that is a problem, the other CNA has to take on more, and no longer a shower aide to help get showers done. It was the consensus of the Group of issues with not enough staff to meet needs timely.</p> <p>Facility</p> <p>Resident #27:</p> <p>A record review of the Face sheet and Minimum Data Set/MDS assessment indicated Resident #27 was admitted to the facility on [DATE] with diagnoses: Heart failure, respiratory disorder, anemia, deep vein thrombosis, and hypertension. The MDS assessment dated [DATE] revealed the resident (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235654	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2026
NAME OF PROVIDER OR SUPPLIER The Orchards at Lapeer		STREET ADDRESS, CITY, STATE, ZIP CODE 239 South Main Street Lapeer, MI 48446	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>had full cognitive abilities with a Brief Interview for Mental Status/BIMS score of 14/15 and the resident needed assistance with activities of daily living (ADL) including dependent for assistance with transfers, toileting, dressing and maximum assistance with bathing.</p> <p>On 3/02/2026 at 2:12 PM, Resident #27 was observed in his room. When asked about receiving assistance with care, the resident stated, They don't have enough people, to answer call lights. The resident said he was frustrated that she had to wait long periods of time to receive assistance with care.</p> <p>Resident #31:</p> <p>A record review of the Face sheet and MDS assessment indicated Resident #31 was admitted to the facility on [DATE] with diagnoses: diabetes, heart failure, hypertension, GERD, recent urinary tract infection/UTI and arthritis. The MDS assessment dated [DATE] revealed the resident had full cognitive abilities with a BIMS score of 15/15 and the resident needed assistance with all care.</p> <p>On 3/02/2026 at 11:11 AM, Resident #31 was interviewed in her room and said she was in her bathroom, and it took 45 minutes for staff to answer her call light while she sat in the bathroom waiting. The resident stated, There are not enough staff. Resident #31 said they thought the food was cold when it was delivered the day before because there were not enough staff.</p> <p>Resident #32:</p> <p>A record review of the Face sheet and MDS assessment indicated Resident #32 was admitted to the facility on [DATE] with diagnoses: diabetes, heart disease, heart failure, hypertension, Gerd. The MDS assessment dated [DATE] indicated the resident had full cognitive abilities with a BIMS score of 15/15 and needed assistance with all care.</p> <p>On 3/02/2026 at 1:37 PM, Resident #32 was interviewed in her room when asked if she received assistance with care she said there were multiple instances when there were long wait times to have her call light answered. Resident #32 said at time it took up to 1 hour to have staff respond to her call light.</p> <p>Resident #70:</p> <p>A record review of the Face sheet for Resident #70 identified an admission date of 2/20/2026 and the resident needed assistance with care. The MDS assessment was not yet completed.</p> <p>On 3/02/2026 at 12:18 PM, Resident #70 was observed sitting in a wheelchair in his room. He said his call light was not always answered timely. When asked if this occurred on a specific shift he said it was sometimes both shifts, days and nights.</p> <p>A record review of the Daily Staffing Report sheets, that the facility completes and posts daily showing the facilities daily census of residents, and numbers of Registered Nurses/RN's, Licensed Practical Nurses/LPN's and Certified Nursing Assistances/CNA's indicated the documents were not completed and posted daily, as evidenced by the Daily Staffing Report sheet posted near the front of the building by the office on 3/2/2026. It was dated 2/26/2026, 5 days prior than the day observed.</p> <p>On 3/4/2026 at 11:45 AM, the Director of Nursing/DON was interviewed about staffing, as the (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235654	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2026
NAME OF PROVIDER OR SUPPLIER The Orchards at Lapeer		STREET ADDRESS, CITY, STATE, ZIP CODE 239 South Main Street Lapeer, MI 48446	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>facilities Payroll Based Journal/PBJ staffing report containing clinical staff information, that is required to be submitted to CMS/Centers for Medicare and Medicaid Services each quarter was not sent to CMS by the facility in the 4th fiscal quarter- July 2025- September 2025. The DON said the corporate office for the facility was responsible for submitting the data. The DON was also asked about the Daily Staffing Sheets and she said the scheduler EE had the forms and she started them and the nurses updated them with changes to the schedule each day. She said the forms were to be posted every day with correct information.</p> <p>During the interview, on 3/4/2026 at 11:45 AM, the DON was asked about clinical staffing, as there were several complaints from the residents, as they felt there were not enough staff nurses and CNA's to care for their needs. The residents were saying they had long call wait times, sometimes their food became cold while the resident was waiting for it to be delivered, and there were some residents who were frustrated and discouraged about this. The DON was asked if there were enough staff and she said several nurses had left the facility recently and several more had left in the fall of 2025. She said many of the staff were working over their 12 hour shifts and also working extra days. The DON said because of this, she said she had to work on the floor as there were not enough nurses. The DON was asked how often she worked as a floor nurse and she said it depended, but sometimes several days in a row. The DON was asked how many hours at a time she was working on the floor, and she said sometimes a 12 hour shift and then later that day also. The Daily Staffing Reports for July 2025 to Current 3/4/2026 were requested. The DON was asked if the reports were kept in a binder and she said the scheduler EE had the documents. Clinical staff schedules and assignment sheets were also requested to be reviewed. The DON said the scheduler had all of the documents.</p> <p>On 3/4/2025 at 1:10 PM, scheduler EE was observed in her office sorting stacks of documents. The scheduler was asked to review the Daily Staffing Reports and she said she was sorting them. When asked if she kept the documents in a binder or folder, she said no, she kept the Daily Staffing Report, daily schedule and daily assignment sheets stapled together for each day. Reviewed with the scheduler they did not need to be separated as all needed to be reviewed. The scheduler was asked to view them all.</p> <p>On 3/4/2025 at 1:15 PM, the Administrator was interviewed about the staffing documents. She said the scheduler was working on them and would send them in batches. Reviewed with the Administrator that the 4th quarter PBJ staffing report submission was not received by CMS. She said she was aware. She said the report was submitted quarterly by the corporate office, but it was not submitted for the 4th fiscal quarter (July 2025- September 2025). The Administrator was asked about clinical staffing, as the Daily Staffing Report was not current on the initial entry into the building on 3/2/2026, as it was dated 2/26/2026. She said it was supposed to be updated every day.</p> <p>The daily posted nursing forms Daily Staffing Report as called by the facility, is required to be accurate for each shift with CNA, RN and LPN hours listed for each day, so that any visitor or resident can see what staffing is provided.</p> <p>The PBJ staffing report is utilized by CMS to see if the facility is providing enough staff to care for the needs of the residents and to ensure there is adequate RN coverage during every 24 hour day: 8 hours of consecutive RN coverage daily.</p> <p>On 3/4/2026 at 1:15 PM, during the interview with the Administrator, she was asked if there were enough nurses, including RN's to care for the residents. She said some of the nurses had left and they were working on replacing them. The Administrator was asked about the DON working on the floor for (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235654	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2026
NAME OF PROVIDER OR SUPPLIER The Orchards at Lapeer		STREET ADDRESS, CITY, STATE, ZIP CODE 239 South Main Street Lapeer, MI 48446	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>extended hours and days and she said that was true. The DON's position at the facility was as a full-time DON, but she was also working many days as a nurse on the floor. Also reviewed with the Administrator that there were complaints from the residents that there were not enough staff, and they were waiting for long periods of time to have their call lights answered, especially on the night shift; she said they were trying to work on this.</p> <p>Upon review of the clinical staffing documents, including the Daily Staffing Reports, daily schedules and daily assignment sheets. It was identified that some of the documents were not received, including the days immediately prior to survey entry: 3/1/2026, 2/28/2026, 2/27/2026, 2/25/2026 and 2/24/2026. Each month received from 9/1/2026 through February 2026 had missing days of documents.</p> <p>During the review of the staffing documents, it was identified that there were many days that the Daily Staffing Report sheets did not include the name of the facility or identify the nurses as RN's or LPN's it said Nurse and the number of nurses on the day shift (6:00 AM to 6:30 PM) and the number on the night shift (6:00 PM to 6:30 AM): This included 11/16/2025 when 4 nurses were listed on dayshift and 2 on night shift and the Daily Schedule Report indicated on the night shift one nurse would work until 2am instead of 6:30 AM. Leaving one nurse to work by themselves for 4 hours. The report also indicated on 11/16/2025 there were 2 aides on night shift for a census of 68 residents. At times someone would write in ink next to the shift and include RN and LPN.</p> <p>Further review of the clinical staffing documents detected days when the Daily Staffing Report identified days when there were a low number of clinical staff.</p> <p>On 9/1/2025, 9/2/2025 and 9/3/2025 the Daily Staffing Report did not identify RNs or LPNs (it said Nurse).</p> <p>On 9/21/2025 the Daily Staffing Report listed 1 nurse on night shift for a census of 62 residents.</p> <p>On 9/23/2025 the Daily Staffing Report was absent.</p> <p>On 9/26/2025 the Daily Staffing Report did not identify RNs or LPNs, it said Nurse.</p> <p>On 9/27/2025 the Daily Staffing Report did not list RNs or LPNs.</p> <p>On 9/28/2025 the Daily Staffing Report listed 3 LPNs and no RNs working.</p> <p>On 10/9/2025 the Daily Staffing Report listed 2 nurses on the night shift and 2 nurse aides for a census of 65 residents.</p> <p>On 10/11/2025 (Saturday) the Daily Staffing Report listed 1 RN on the day shift and 2 LPNs on the night shift for a census of 67 residents.</p> <p>On 11/16/2025 the Daily Staffing Report identified 2 nurses on nights and 2 nurse aides for a census of 68 residents.</p> <p>On 11/19/2025 the Daily Staffing Report listed 3 nurses on the night shift and 2 nurse aides for a Census of 67 residents. (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235654	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2026
NAME OF PROVIDER OR SUPPLIER The Orchards at Lapeer		STREET ADDRESS, CITY, STATE, ZIP CODE 239 South Main Street Lapeer, MI 48446	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 12/27/2025 the Daily Staffing Report did not identify an RN working that day.</p> <p>On 1/3/2026 and 1/4/2026 the Daily Staffing Report did not list an RN working either day.</p> <p>On 2/5/2026 the Daily Staffing Report listed 2 day shift nurses.</p> <p>On 2/6/2026 the Daily Staffing Report did not identify any RN's working that day.</p> <p>A review of the Daily Schedule Reports identified the following:</p> <p>1/2/2026: The DON worked on the floor from 6:00 AM- 10:30 PM. (20 hours) and returned the next morning at 6:00 AM because there was no nurse.</p> <p>1/3/2026: 1 nurse was listed on the report (LPN) for the day shift from 12:00 PM- 8:00 PM. There were no additional nurses scheduled for the day shift. The DON worked from 6:00 AM-6:30 PM and was the only nurse from 6:00 AM-12:00 PM.</p> <p>1/4/2026: The DON worked on the floor at 6:00 AM &ndash; 10:30 PM as the 2 day shift nurses did not start until 10:00 AM that day.</p> <p>1/5/2026: There was 1 nurse scheduled to work on the night shift the DON worked from 8:30 AM- 5:00 PM as the DON and then on the floor from 6:00 PM to 10:30 PM.</p> <p>A review of the Employee list identified 5 RN's that worked on the floor, and not all were full time.</p> <p>A review of the undated Facility Assessment indicated it was a template that was partially completed. It provided examples of 2 staffing models one was incomplete and the other identified the following: Example 1. Evaluation of overall number of facility staff needed to ensure a sufficient number of qualified staff are available to meet each resident's needs. Refer to the guidance in the various tags that have requirements for staffing to be based on/in accordance with the facility assessment, for example, Nursing (F725). Enter number of staff needed or an average or range:</p> <p>Licensed nurses providing direct care: Total number Needed or Average or Range- 3 days/2 nights can fluctuate depending on acuity.</p> <p>Nurse Aides: 12.</p> <p>A review of the facility policy titled, Staffing and Scheduling undated provided, Purpose: To assure adequate, competent staff is available to provide care for residents. The DON should work closely with the staffing coordinator to identify nursing staffing needs and hire nursing staff accordingly. Pulling staff to cover open positions leads to turnover and job dissatisfaction. Hiring of staff is a high priority duty and should be dispersed among nursing management.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235654	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2026
NAME OF PROVIDER OR SUPPLIER The Orchards at Lapeer		STREET ADDRESS, CITY, STATE, ZIP CODE 239 South Main Street Lapeer, MI 48446	
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 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</p> <p>Based on observation, the facility failed to provide an updated daily staffing report, resulting in a four-day old staff list and the inaccessibility for residents, visitors and staff to what staff was working. Findings include. On 3/02/2026, at 9:05 AM, a record review of the DAILY STAFFING REPORT hanging on the wall in the main entry was conducted. The report was dated 2/26/2026</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235654	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2026
NAME OF PROVIDER OR SUPPLIER The Orchards at Lapeer		STREET ADDRESS, CITY, STATE, ZIP CODE 239 South Main Street Lapeer, MI 48446	

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 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>Based on interview and record review, the facility failed to submit payroll-based, direct care staffing information to the CMS/Centers for Medicare and Medicaid Services for the 4th fiscal quarter (July 2025 - September 2025), as required by CMS. Findings Include: A review of the Payroll Based Journal Staffing Data Report for FY/Fiscal Year Quarter 4 2025 (July 1- September 30), indicated the following: This Staffing Data Report identifies areas of concern that will be triggered (e.g., requires follow-up during the survey). Failed to Submit Data for the Quarter: Result- Triggered; Definition- Triggered = No Data Submitted for Quarter. On 3/4/2026 at 1:15 PM the Administrator was interviewed about the PBJ direct care staffing information for the fourth fiscal quarter July 2025-September 2025 that was not submitted to CMS. The direct care staffing data identifies the type, number and hours worked for clinical staff caring for the needs of the residents. The Administrator said the facility's corporate office was supposed to submit the staffing documents to CMS and the information was not sent in. The Administrator said she was aware that it was required for the payroll based direct care staffing data to be sent to CMS every quarter.</p>