

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>504060</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>6/10/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE ORCHARDS AT ARMADA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>22600 ARMADA RIDGE RD ARMADA, MI 48005</b>
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F0000 SS=	INITIAL COMMENTS  The Orchards at Armada was surveyed for a Recertification survey on 06/10/25.  Intake: M100153349  Census = 66	F0000		
F0550 SS= D	Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or	F0550	ELEMENT 1 Resident R15 still resides in the facility and continues to be assisted with feeding by staff and/or volunteers that have been reeducated to stay seated while assisting to feed as well as only assisting one resident at a time. ELEMENT 2 Residents that reside in the facility have the potential to be affected. An audit was done on residents residing in the facility that require assistance with meals to ensure they are being assisted by a staff member and/or volunteer that remains seated and only assisting one resident at a time. Any areas of deficiency at the time of the audit will be corrected immediately. ELEMENT 3 The Resident Rights policy was reviewed by the DON and the Administrator and deemed appropriate. The staff and volunteers were reeducated on remaining seated while assisting residents with eating as well as assisting one resident at a time. ELEMENT 4 The DON and/or designee will conduct random audits 2 times a week for 2 months to ensure that staff and/or volunteers are staying seated while assisting residents with meals as well as only assisting one resident at a time. Any areas of deficiency at the time of the audits will be corrected immediately, and the results of these audits will be presented at the	6/27/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/26/2025

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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	<p>her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to provide feeding assistance in a dignified manner for one (R15) of six residents reviewed for dignity. Findings include:</p> <p>On 06/09/25 at 12:14 PM, during an observation of the lunch service in the memory care unit dining room, Volunteer "C" was observed providing feeding assistance to R15 who was sitting up in a chair. Throughout the observation Volunteer "C" was in a standing position adjacent to the resident and was observed intermittently attending to another resident.</p> <p>On 06/10/25 at 10:54 AM, the facility Director of Nursing (DON) was interviewed and reported the expectation is that staff providing one to one feeding assistance should not do so in a standing position and that ideally, they would not assist more than one resident at a time in order to maintain resident dignity.</p> <p>Review of the facility record for R15 revealed an admission date of 12/18/23 with diagnoses including Dementia and Dysphagia (swallowing difficulty). R15's physician orders included an active order dated 12/21/23</p>		<p>facility's QAPI for further recommendations and/or corrective actions. ELEMENT 5 Date of compliance 06/27/2025. The Administrator and/or designee will be responsible for sustained compliance.</p>	

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F0694 SS= D	<p>stating "1:1 feeding, aspiration (choking) precautions, keep upright in chair while feeding." Review of R15's "Nutritional Risk" Care Plan revealed intervention item "1 to 1 assist with my meals".</p> <p>Review of the undated facility policy "Resident Assistance to Eat" revealed the following "Procedure" item: ..."10. Assist the resident as necessary. If the resident needs to be fed, do not stand but sit with the resident."</p> <p>Parenteral/IV Fluids § 483.25(h) Parenteral Fluids. Parenteral fluids must be administered consistent with professional standards of practice and in accordance with physician orders, the comprehensive person-centered care plan, and the resident's goals and preferences. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure Peripherally Inserted Central Catheter (PICC) line care was performed consistent with professional standards of practice for one resident R42 of one whose Intravenous (IV) medication administration was observed. Findings include:</p> <p>On 06/08/25 at 3:56 PM, R42 was observed to be in bed with their head resting on their left hand and forearm. The PICC line dressing was observed to have a folded white gauze</p>	F0694	<p>Element 1 R42 no longer resides at the facility.</p> <p>Element 2 The residents that reside in the facility have the potential to be affected. An audit was completed on the residents residing in the facility that have PICC lines to ensure when a gauze dressing is used it is to be changed to no longer than 48 hours; and when priming IV lines that contain excessive air bubbles must be consistent with professional standards of practice. Any areas of deficiency at the time of the audit will be corrected immediately.</p> <p>Element 3 The IV Therapy policy was reviewed by the DON and ADON/IC and updated to our pharmacy's "Catheter Insertion and Care" policy and deemed appropriate. The nurses were reeducated on the Pharmacy's policy to ensure when gauze dressings are used, they are to be changed no longer than 48 hours, and when priming IV lines that contain excessive air bubbles must be consistent with professional standards of practice, i.e. fluid must run through the line into a waste</p>	6/27/2025

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	<p>approximately two inches by two inches under a transparent dressing covering the insertion site, dated 06/01/25. R42 confirmed the dressing was being changed weekly and was receiving an IV antibiotic daily. A review of the Treatment Administration Record (TAR) and Medication Administration Record (MAR) for June 2025 documented the PICC line was last changed 06/01/25 and the IV antibiotic was infused daily.</p> <p>On 06/09/25 at 2:19 PM, IV medication administration for R42 was observed with Registered Nurse (RN)"A" and Licensed Practical Nurse (LPN) "B." RN "A" donned gloves, cleaned the hub of the PICC line and flushed the line with normal saline. RN "A" then connected the IV tubing to the bag and primed the tubing. RN "A" then cleansed the hub again and went to connect line. The line was observed to have greater than ten air bubbles approximately 1/16 inch to an 1/8 inch long along approximately two feet of the distal end of the line. RN "A" then noted the air bubbles and subsequently left the room to get another tubing set and completed the IV administration.</p> <p>On 06/10/25 at 12:02 PM, the Director of Nursing (DON) reported a PICC line dressing with gauze should be changed within 48 hours and any air bubbles drained out prior to connection of the IV tubing to the resident. The DON also acknowledged the PICC insertion site could not be directly assessed for signs and symptoms of infection</p>		<p>receptacle until air is gone or acquire new IV tubing. Element 4 The DON and/or designee will conduct random audits twice a week for 2 months, to ensure nurses are following the "Catheter Insertion and Care". Any areas of deficiency at the time of the audits will be corrected immediately, and the results of these audits will be presented at the facility's QAPI for further review and/or corrective action. Element 5 Date of compliance 06/27/25. The Administrator and/or designee will be responsible for sustained compliance.</p>		

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F0880 SS= D	<p>when a gauze dressing was in place.</p> <p>A review of the record for R42 revealed R42 was admitted into the facility 03/07/2025. Diagnoses included, Osteomyelitis (Bone infection) and Discitis (vertebral disc infection).</p> <p>A review of the undated policy titled, "IV Therapy" revealed "...15. Manage Central Venous Catheters as follows: Use a sterile transparent or gauze dressing over all central lines. Mark the dressing with date and initials when the site care is performed. Visually assess the site every day for signs of complications or infection. Perform site care every 72 hours and as necessary. Change the dressing..."</p> <p>Infection Prevention &amp; Control §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a) (1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to</p>	F0880	<p>Element 1 R42 no longer resides at the facility, and R15 continues to be assisted by staff and/or volunteers who have been reeducated to perform hand hygiene before and after assisting a resident with meals.</p> <p>Element 2 Residents that reside in the facility have the potential to be affected. An audit was done on the residents with PICC lines to ensure the staff are adhering to Enhanced Barrier Precautions and donning and doffing the appropriate PPE prior to performing any procedures for the PICC line. An audit was done on the residents that require assistance with meals to ensure staff and volunteers only assist one resident at a time and perform hand hygiene before and after assisting any resident.</p>	6/27/2025	

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	<p>§483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to ensure</p>		<p>Any areas of deficiencies at the time of the audits will be corrected immediately.</p> <p>Element 3 The Enhanced Barrier Precaution and Hand Hygiene policies were reviewed by the DON and ADON/IC and deemed appropriate. The nurses were re-educated on the Enhanced Barrier Precaution policy and procedures regarding appropriate PPE when taking care of a PICC line. Staff and volunteers were re-educated on the Hand Hygiene policy regarding assistance with meals.</p> <p>Element 4 The ADON/IC and/or designee will complete random audits twice a week for 2 months to ensure nurses are Donning and Doffing appropriate PPE per our policy and procedures while caring for a PICC line. The Administrator and/or designee will complete random audits twice a week for 2 months to ensure that staff and/or volunteers are only assisting one resident at a time and using proper hand hygiene before and after assisting residents with meals.</p> <p>Any areas of deficiencies at the time of the audits will be addressed immediately, and the results of these audits will be presented at the facility's QAPI for further recommendations and/or corrective action.</p> <p>Element 5 Date of compliance 06/27/25. The Administrator and/or designee will be responsible for sustained compliance.</p>	

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	<p>Peripherally Inserted Central Catheter (PICC) line care infection control measures and hand hygiene during meal assistance was performed for two residents (R42 and R15) of three residents reviewed for infection prevention. Findings include:</p> <p>R42</p> <p>On 06/09/25 at 2:19 PM, IV medication administration for R42 was observed with Registered Nurse (RN) "A" and Licensed Practical Nurse (LPN) "B." RN "A" was observed to complete hand hygiene on the way into the room. A sign on the wall at the right side of the doorway indicated enhanced barrier precautions were required and a gown and gloves were to be used when providing care via a central line such as the PICC line. A cart with the appropriate Personal Protective Equipment (PPE) was at the right hand side of the doorway. RN "A" entered the room without a gown on and proceeded to hang the IV bag on the IV pole. RN "A" handed the IV administration tubing to LPN "B". RN "A" then reached into their left pants pocket and removed a pair of gloves and donned them. The IV line was observed to have air bubbles and RN "A" subsequently left the room to get another tubing set. Upon return to the room RN "A" donned a second pair of gloves from their pocket and had not donned a gown prior to completing the IV administration. RN "A" was asked about the gloves pulled from the pocket and acknowledged this it was an "old</p>				

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	<p>habit".</p> <p>A review of the record for R42 revealed R42 was admitted into the facility 03/07/2025. Diagnoses included, Osteomyelitis (Bone infection), Discitis (vertebral disc infection) and Hepatitis C.</p> <p>On 06/10/25 at 12:02 PM, the Director of Nursing (DON) reported and the Infection Control Nurse confirmed gloves should not be stored in the staffs pocket and a gown and gloves should be worn for the IV administration via a central line for a resident on enhanced barrier precautions.</p> <p>R15</p> <p>Review of the facility record for R15 revealed an admission date of 12/18/23 with diagnoses including Dementia and Dysphagia (swallowing difficulty). R15's physician orders included an active order dated 12/21/23 stating "1:1 feeding, aspiration precautions, keep upright in chair while feeding."</p> <p>On 06/09/25 at 12:14 PM, during an observation of the lunch service in the memory care unit dining room, Volunteer "C" was observed providing one to one feeding assistance to R15. On two occasions Volunteer "C" was observed to set down R15's utensil and reach over to assist with something on another residents meal tray, then return to assisting R15 without completing hand hygiene in between.</p>			

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	<p>On 06/10/25 at 10:54 AM, the Director of Nursing (DON) was interviewed and reported the expectation is staff providing one to one feeding assistance would ideally not simultaneously assist other residents, however, if assisting another resident is indicated then hand hygiene should be completed in between assisting the residents.</p> <p>A review of the undated policy titled, "IV Therapy" revealed, "Purpose: Preventative measures for controlling common infections are a critical component of the overall plan of care for resident requiring IV therapy..."</p> <p>A review of the undated policy titled, "Enhanced Barrier Precautions (EBP)" revealed, "It is the policy of this facility to implement enhanced barrier precautions for preventing transmission of novel or targeted multidrug resistant organisms... All staff receive training on enhanced barrier precautions upon hire and at least annually and are expected to comply with all designated precautions... High contact resident care activities... g. Device care or use: central line... 5. Continue enhanced barrier precautions until the qualifying condition or indwelling device is still active or in use."</p> <p>Review of the undated facility policy "Hand Hygiene" revealed the Policy Statement "Hand hygiene shall be regarded by this organization as the single most important means of preventing the spread of</p>				

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	infections." The Procedure portion of the policy included item "4. Appropriate hand hygiene must be performed under the following conditions: f. Before and after assisting a resident with meals (hand washing with soap and water)."				