

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235016	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/18/2025
NAME OF PROVIDER OR SUPPLIER  Regency at Jackson		STREET ADDRESS, CITY, STATE, ZIP CODE  434 W North Street Jackson, MI 49202	

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>This citation pertains to intake 2677950Based on interview and record review the facility failed to provide adequate nursing staffing to meet residents' needs for 14 days out of 30 days reviewed for nursing staff. Findings included:During an interview on 12/18/2025 at 01:38 p.m. Nursing Scheduler (NS) C explained that Nursing Staffing is based on an average daily census. Once this core number of staffing was identified, the nursing staff needs may be adjusted based on the acuity of the resident in the facility. NS C explained that if vacant positions are present then other staff would be called and/or managers would be asked to work the vacant positions. During an interview on 12/18/2025 at 02:08 p.m. Nursing Home Administrator (NHA) A reviewed facility staffing sheets since 11/17/2025. During the review the following staff sheet demonstrated that the required number of staff was not present:1. 11/19/25 (Census 68) Staff actual days Aides 7, required 8 therefore 1 short staffed. 2. 11/20/25 (Census 69) Staff actual afternoons Aides 4, required 5 therefore 1 short staffed. 3. 11/21/25- (Census 69) Staff actual afternoons Aides 4, required 5 therefore 1 short staffed. 4. 11/22/25 (census 69) Staff actual days Aides 6, required 7 therefore 2 short staffed. Afternoons Aides 3, required 5 therefore 2 short staffed. 5. 11/27/25 (Census 69) Staff actual days Aides 6, required 7 therefore 2 short staffed. Afternoons Aides 4 required 5 therefore 1 short staffed. 6. 11/28/25 (Census 68) Staff actual days Nurses 3, required 4 therefore 1 short staff. Days Aides 6, required 9 therefore 3 short staffed. Afternoon aides 3 required therefore 1 short staffed. 7. 11/30/25 (Census 68) Staff actual days Aides 6, required 8 therefore 2 short staffed. 8. 12/1/25 (census 68) Staff actual days Aides 6, required 8 therefore 2 short staffed. 9. 12/3 (64 census) Staff actual days Aides 6, required 8 therefore 2 short staffed. 10. 12/6/25 (census 63) Staff actual days Aides 7, required 8 therefore 1 short staffed. 11. 12/10 (census 63) Staff actual days Nurses 3, required 4 therefore 1 short staffed. Aides 6, required 8 therefore 2 short staffed. 12. 12/11 (census 63) Staff actual days aides 6, required 8 therefore 2 short staffed 13. 12/13- (census 63) Staff actual days Aides 6, required 8 therefor 2 short staffed. 14. 12/17 (census 63) Staff actual days Aides 5, required 8 therefore 3 short staffed. NHA B agreed that there was 14 days that did not have the necessary nursing staff to provide care to the residents.</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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