

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 01/13/2026
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review the facility failed to ensure one dependent resident (Resident #9) of one resident received bed baths and personal care. Findings Include: This pertains to Intake 2701621 Resident #9 (R9) Review of the medical record reflected that R9 was admitted to the facility on [DATE] and admitted to hospice on 06/17/2024. Diagnoses of Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Major Depression, Chronic Pain Syndrome, Fractures with routine healing of T5-T6, T9-T10, T11- T12, Compression Fracture of first lumbar vertebra and generalized weakness. The most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) revealed R9 had a Brief Interview of Mental Status (BIMS) of 14 (Cognitively intact) out of 15. Under section G0100, Activities of Daily Living (ADL) Assistance reveals R9 was dependent of all personal care. During an observation on 01/08/2026 at 2:30 PM. R9 was asleep in his bed, wearing his oxygen at 2.5 lpm. No date on the tubing. R9 had crumbs from lunch and spilt coffee all over his white T-shirt. R9 had slid down in bed with both feet pressed flat against the bed footboard. R9 did not wear socks and had no cushion between his feet and the hard cold foot board of the bed. R9 had a water glass on his over the bed table but it was empty and did not have a date on it. During an interview and observation on 01/09/2026 at 8:28 AM, R9 was coughing while trying to eat breakfast, water glass on the over the bed table was dated 01/08/26, not fresh water since yesterday. R9 stated he sometimes gets a cough and it's hard to stop. Once he stopped coughing, writer asked R9 who gave him his baths or showers. R9 stated hospice aides give me a bath when they come in. Record review did not reveal any care plan coordination to include hospice services and who provides what care. Observation of R9 still wearing the soiled white T-shirt with crumbs and coffee stains he had on yesterday. R9 stated he cannot do those things for himself anymore. Record review of R9's hospice binder behind the nurse's station. HHA/CNA scheduled a bath/shower on Tuesday and Fridays. Nurse visits on Wednesday's. Certification period from 12/12/25 to 02/09/26. Last shower/bed bath given on 12/30/25 by hospice CNA. During an interview on 01/09/2026 at 1:55 PM, CNA D and CNA F writer asked both why R9 had not received a shower or bed bath in the last 30 days. CNA F stated that he was on hospice and they give him his showers. Writer asked why his task sheet says he gets showers 2 x a week. CNA F stated those are the days hospice comes in and does them. CNA D stated the same for other hospice residents. CNA F stated that hospice gets paid to give them the showers. Writer provided education that the hospice services are additional to what the facility provides. CNA F stated oh, she didn't know that. CNA D stated they were not told to give them the 2 scheduled showers a week on their task. During an interview on 01/13/2026 at 12:30 PM, writer asked NHA A what the expectations were for the residents on hospice, to receive their showers or baths. NHA A stated they are expected to receive baths or showers from the CNAs on the floor as well as receive any additional ones from the hospice CNAs. Record review did not reveal any coordination of care between the facility and the hospice agency.</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: 235016	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/13/2026
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 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>Based on interviews and record review, the facility failed to protect resident #7's (R#7) from a fall from bed with staff. Findings Include: Intake: 2702557 Resident #7 (R7) Record review of the facility reported incident revealed the incident accrued on 12/15/2025, R7 fell out of bed or rolled out of bed, landed on her face, split her lip open and broke off a tooth, incident was reported and R7 was sent to ER. Transfer report documented that R7 only needed assistance with toileting and transfers and was not dependent on care. Facilities response was to report the incident to the State of Michigan in the form of a facility reported incident also known as FRI. CNA involved was suspended pending the outcome of the investigation. Inservice scheduled and the police were notified. Action to be taken, resident told policy she rolled out of bed. Interview with one nursing staff were typed up by NHA, not reported in staff members' own words and writing, and staff did not sign this interview as being present and validating the interview, NHA signed the typed interview. Interview between NHA A with R#7, typed out by NHA A, reporting R7 wanted to get up, CNA was taking care of her until other CNA K came in. R7 reported she needed to use the bedpan, and CNA K hooked her up and she slid and she could feel herself sliding. R7 asked CNA K if she was sure she was hooked up good and she reported yes. It happened so quickly. NHA A asked R7 if she was shoved? R7 stated no she slipped. NHA A asked R7 if she felt the CNA did this on purpose with intent of hurting her. R7 reported No! Why would she want to do that? R7 reported that the CNA K just didn't hook her up correctly. NHA signed and dated the interview for 12/15/2025. Interview between NHA A with CNA K she went to see R7 and she wanted to use the bed pan. CNA K placed her on the bed pan and gave her a few minutes. She went back in to check on her and she didn't want to get off the bed pan. She likes to take a while. She went back in and R7 began yelling at her and said that she wanted to get up. CNA K told her she needed to remove the bed pan. This was the 2nd night in a row that R7 was trying to throw herself out of bed. CNA K did not leave her alone. CNA K rolled R7 off the bed pan and R7 threw herself on the floor. NHA A asked CNA K if she read the Kardex? CNA K reported no, she did not. NHA A asked if CNA K read her Kardex? CNA K stated yes, she just did not review it that night. She didn't know that she was a 2-person assist because she didn't read it. NHA A asked CNA K if she realized that she was a 2 person assist? Asked what should she have done? CNA K she should have read it and had someone come in and help her. She stated she did not ask anyone for assistance. NHA A informed CNA K that she was suspended pending the outcome of the investigation. CNA voiced understanding. Signed and dated by NHA 12/15/2025. CNA K did not have a written-out report. The CNA did not sign this investigation to validate the information taken. Interview between NHA A and other CNA E regarding 2 persons assist, also typed out by NHA A and dated 12/15/25. CNA E did not write out her statement of the event with her signature validating the information taken. Inservice on 12/22/2025 at 6:00PM, topic All staff, abuse reporting, attendance and customer service. Inservice on 12/17/2025 with no time of in-service topic All staff, abuse reporting, attendance and customer service. A second in-service on 12/17/2025 with no time of in-service topic All staff, abuse reporting, attendance and customer service. A third in-service on 12/17/2025 with no time of in-service topic All staff, abuse reporting, attendance and customer service. Inservice on 12/17/2025 with no time of in-service, topic abuse reporting. A fourth in-service on 12/17/2025 with no time of in-service topic abuse reporting. A fifth in-service on 12/17/2025 with no time of in-service topic: abuse reporting. In-service on 12/22/2025 at 6:00pm topic; Kardex review. A second in-service on 12/17/2025 with no time of in-service, topic; Kardex review. A third in-service on 12/17/2025 with no time of in-service, topic; Kardex review. In-services presented did not include the materials being in-serviced on, just staff signatures that they</p> <p>(continued on next page)</p>		

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 01/13/2026
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>participated.NHA A listed out like residents on the same end of the hall that R7 resides on. NHA A reported these residents were reviewed and staff/residents using 2 people for transfers all typed out then wrote out in handwriting, no issues identified signed and dated for 12/15/2025. There was no competency check to ensure the staff knew how to transfer residents needing 2 people to transfer, nor any evidence of hands transfers to validate competency.Task for R7 documents she will use 2 members when changing resident in bed.Functional Status list things the resident has or has not been assessed to do.Chair/bed to chair transfer; not assessed dated 12/14/2025Eating; assessed- set up or clean up assistance, dated 12/14/2025Feeding and eating; independent, dated 12/14/2025.Lying to sitting on side of bed; not assessed, dated 12/14/2025Sit to lying, not assessed, dated 12/14/2025Toilet transfer, not assessed, dated 12/14/2025Toileting not assessed, dated 12/14/2025Transferring, not assessed, dated 12/14/2025 R7's Care Plan-Bed mobility requires assistance from 2 staff to turn and reposition in bed.Toileting: she refused to use the toilet, only the bed pan. She requires assistance from 1 staff to use the bed pan.Transfers: she requires assistance from 2 staff for transfers with a hooyer/mechanical lift. R7's KardexBed mobility requires assistance from 2 staff to turn and reposition in bed.Toileting: she refused to use the toilet, only the bed pan. She requires assistance from 1 staff to use the bed pan.Transfers: she requires assistance from 2 staff for transfers with a hooyer/mechanical lift. Minimum Data Set (MDS) dated GG0115. Functional Limitation in Range of Movement.GG0120- Mobility Devices- manual wheelchairNo other section under GG was completed. Incident Summary.R7 had a fall from her bed to the floor. The bed was in low position and the resident stated that something slipped and she fell. Witness statements include that R7 was upset and threw herself on the floor. After the fall it was observed that R7's teeth in the front broke and she was transferred to the emergency room. Results from the emergency room indicated no fractures, however, did require sutures on her top lip from the injury obtained from the fall. Initial interviews were inconclusive at that time. Police were notified. Immediate investigation initiated. Type of Incident: NeglectWhat allegedly Occurred: On 12/15/2025, the resident rolled out of bed and onto the floor next to the bed with the appearance of her tooth broken and her lip injury requiring sutures. The resident stated she rolled out of bed. The CNA reported that the resident threw herself out of bed r/t increasing behaviors.The resident was assessed, and required notifications were completed per facility policy. Medical record review, staff interviews, and care plan review was conducted. The residents care plan indicated two staff were required during care; however, the assigned CNA did not have a second staff member present at the time of the incident.Corrective action was taken in accordance with facility policy, and the involved CNA is no longer employed by the facility. The resident was monitored, and no additional injuries or adverse outcomes were identified. The care plan was reviewed for appropriateness. No further similar incidents have been identified.Staff on first and third shift were all interviewed and did acknowledge that R7 was a 2-person assist when providing care for R7. The nurse that was taking care of her for the past 2 evening indicated that R7 had behaviors and was yelling at staff when care was provided. R7 was sent to ER for sutures in her upper lip. She did not have any fractures. During the interview with R7, she stated that she was on a hooyer and slid from the hooyer, however witnesses determined the hooyer was not in her room. The R7 stated she rolled out of bed. She stated that the CNA was not being mean to her, however, was helping her off the bed pan and she rolled over too far and slid out of bed.Summary of the report of facilities findings; Based on the available information the allegations were substantiated d/t CNA not following the plan of care. No evidence of willful intent or abuse was identified. Safety interventions remain in place to prevent future incidents.During record review it was identified that CNA K was assisting R7 off the bed pan when R7</p> <p>(continued on next page)</p>		

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 01/13/2026
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>rolled out of bed. Per the Care Plan and Kardex, R7 was a 1-person assist using the bed pan. CNA K was following the care plan and Kardex when R7 rolled out of bed. During the review of like residents using 2 people for transfers on the same hall as R7, there were more than 5 residents using 2 people for transfers on that unit/floor as CNAs do not always work on the same unit/floor. Not all like residents were assessed for 2-person transfers. There were no demonstrations of 2-person transfers, no return demonstration of competency, only a review verbally. During record review of the incident, there was no investigation into the competencies of the CNAs providing 2-people transfers on that day or that unit/floor. CNA K had not had any of her orientation completed nor her competencies skills checked off related to CNA's required skill set. During an interview and record review on 01/08/2026 at 12:20 PM, Nursing Home Administrator (NHA) A brought writer the Facility Reported Incident (FRI) on R#7. NHA A stated the CNA involved in this incident has been terminated. NHA A stated Scheduler T told her CNA K didn't look at the Kardex on Resident #7. Writer asked NHA A why she was working if she did not complete orientation and competency check offs. NHA A stated she just became aware of the problem with the hiring, orientation and competency check offs. Record review revealed CNA was hired on 10/09/2025, was terminated on 12/15/2025 and her last day worked was 12/14/2025. Record review of the personnel file of CNA K was hired on 10/09/25, terminated on 12/15/25 with the last day worked as 12/14/25 following the incident with R7. Personnel file did not contain New Hire Personnel File checklist completed or signed off, no reference checks, no I-9, no I-chat background check, eligibility letter not done, sex offender registry not checked, certification verification not done, no drug screening with pre-hire physical, no TB test completed, no active driver's license, no New Employee Facility General Orientation checklist started or completed, no CNA specific competency evaluations completed, no verification of orientation completion to be scheduled and start working on the units.</p>		

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 01/13/2026
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>Based on interviews and record review the facility failed to ensure the hiring process, orientation and competencies were completed per regulation requirements. Intakes 2710396, 2710425, 2701621 Findings Include During an interview and record review on 01/08/2026 at 3:35 PM, Nursing Home Administrator (NHA) A brought in the requested personnel file of Certified Nursing Assistant (CNA) K. Record review of the personnel file revealed CNA K was hired on 10/09/2025 and was terminated on 12/15/25, with her last day worked was 12/14/25. CNA K Personnel file did not contain the completed orientation plan nor new hire paperwork as state and federally mandated. CNA K personnel file did not have a completed background check, certification verification, I-9, fingerprinting or drug screening with pre-hire physical. Requested this information from the NHA A. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care, as well as to orient new staff members in the facility's policies and procedures. During an interview on 01/08/2025 at 3:55 PM, DON B brought this writer a blank newly printed Welcome New Employees to General Orientation print date was today, 01/08/26 and the paper was still warm from the printer. Writer asked DON B for this employee's, CNA K, Welcome New Employees to General Orientation completed, competency check off, required CNA specific trainings, Writer also asked for her I-chat background check, finger printing, I-9, certification verification, sex offender registry, eligibility letter, certification verification, drug screening with pre-hire physical, TB test, immunizations. DON B hesitated and stated the new Human Resource Coordinator (HRC) C had just given her those blank documents Welcome New Hire Employees to General Orientation and stated again, they go over those with all new hires. Writer asked again to see all of CNA K hiring and orientation paperwork in her personnel file. Writer then asked to talk to the Human Resource Coordinator (HRC) C as we walked to his office. HRC C pulled CNA K personnel file and stated, This was not completed. New Hire Personal file checklist was reviewed, and CNA K did not complete the hiring process nor the CNA specific trainings. HRC C then stated CNA K was not checked off on competencies, nor completed the CNA specific training on abuse, neglect, repositioning, mechanical lift transfers, activities of daily living, infection control, residents rights and responsibilities, Dementia care, change in condition, skin assessments, behaviors management, elopement risk, bowel and bladder, hospice services, hemodialysis program, bed mobility and transfers, body mechanics, activity calendar, gait belts, ambulating with a gait belt, hip and knee precautions, CNA documentation, cleaning equipment between residents use, respiratory care, emergency care, abdominal thrust, code status, unit orientation as core elements of the CNA specific orientation. During an interview and record review on 01/08/2026 at 4:40 PM, writer asked NHA upload CNA K new hire paperwork and orientation plan into Egress. Writer also requested the proposed set of new hire paperwork and orientation plans that should be completed uploaded into Egress. During an interview and record review on 01/09/2026 at 9:35 AM, NHA A was asked for the original hard copy of orientation for new hire and the clinical check off sheet, and list of required CEU's. Writer is still waiting for requested list of newly hired CNAs for the last 6 months. During an interview and record review on 01/09/2026 at 10:36 AM, HRC C gave this writer a list of newly hired CNAs in the last 6 months, and 19 CNAs were hired between 08/07/25 and 12/30/25. Writer requested 8 random personnel files to review, plus CNA K as follows. HRC C random files revealed: CNA L was hired on 08/07/25, New Hire Personal File checklist not completed or signed off, no reference checks, no I-9, no I-chat background check, no New Employee Facility General Orientation checklist started or completed, no active driver's license. Did complete N95 fitting and</p> <p>(continued on next page)</p>		

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 01/13/2026
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>questionnaire, pre-hire physical, declined vaccinations, no CNA specific competency evaluations completed, no verification of orientation completion to be scheduled and start working on the units. CNA H was hired on 08/07/25, New Hire Personnel File checklist not completed or signed off, no reference checks, no I-9, no I-chat background check, eligibility letter not done, sex offender registry not checked, certification verification not done, drug screening with pre-hire physical, no TB test completed, no active driver's license, no New Employee Facility General Orientation checklist started or completed, no CNA specific competency evaluations completed, no verification of orientation completion to be scheduled and start working on the units. CNA M was hired 09/11/25, New Hire Personnel File checklist not completed or signed off, no reference checks, no I-9, no I-chat background check, sex offender registry not checked, certification verification not done, no drug screening with pre-hire physical, no TB test completed, no active driver's license, no New Employee Facility General Orientation checklist started or completed, no CNA specific competency evaluations completed, no verification of orientation completion to be scheduled and start working on the units. CNA N was hired 10/16/25, HRC C couldn't find their personal file for over 15 minutes, then found it in a pile of documents on the desk. I-chat background check done, letter of eligibility done, no I-9, sex offender registry not checked, no certification verification, no drug screening with pre-hire physical, no TB test completed, no active driver's license, no New Employee Facility General Orientation checklist started or completed, no CNA specific competency evaluations completed, no verification of orientation completion to be scheduled and start working on the units. CNA O' was rehired on 11/15/25 after exhausting their time on family medical leave act. CNA O was originally hired in 2023. Only step taken with rehire was I-Chat background check. No updated CNA specific competency evaluations completed, no verification of orientation completion to be scheduled and start working on the units. HRC C stated he wasn't aware of anything else he had to do to rehire them, also stated on 01/09/2026 at 11:30 AM, HRC C stated CNA O was checked off on everything back in 2023. No certification verification, no active driver's license, no clinical oversight to verify the need to complete competencies, provide training the CNA may have completed for the last year as required. CNA O was allowed to be put on the schedule and start working on the units. CNA P was hired 12/04/25, New Hire-personnel file checklist not started or signed, reference checks not completed, I-chat background check done, sex offender registry done, fingerprinting done, physical and vaccinations done, no TB, no I-9. No certification verification, no active driver's license, no New Employee Facility General Orientation checklist started or completed, no CNA specific competency evaluations completed, no verification of orientation completion to be scheduled and start working on the units. CNA Q was hired 12/18/25, New Hire-personnel file checklist not started or signed. I-chat background check was done, eligibility letter to hire done, drug screen with physical and vaccination completed, no I-9, no reference checks done, sex offender registry not checked, certification verification not done, no TB test completed, no active driver's license, no New Employee Facility General Orientation checklist started or completed, no CNA specific competency evaluations validated. CNA Q completed her own competency skills check off and signed off on it as passed but no nurse or management staff validated her skills nor signed off on it. Also, no verification of orientation completion to be scheduled and start working on the units. CNA R was hired 12/30/25, New Hire-personnel file checklist not started or signed. I-chat background check done, eligibility letter to hire done, physical and drug screening done, eligibility letter done, driver's license done, checking sex offender registry was not done, certification verification was not done, no I-9, no TB test completed, no New Employee Facility General Orientation checklist started or completed, no CNA specific competency evaluations completed, no verification of</p> <p>(continued on next page)</p>		

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 01/13/2026
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>orientation completion to be scheduled and start working on the units. Record review of the CNAs work schedule for the week of December 29, 2025, December 30, 2025 and December 31, 2025, revealed CNAD, CNAM, CNA E, CNA H, CNA Q worked that week. On 01/09/2026 at 11:45 AM, HRC C stated during his portion of the New Employee Facility General Orientation he went through his checklist, did the background check, sex offender's check, I-Chat, and if any records show up on the background check, he goes over them with NHA A. HRC C stated she has designed his own tool to use to audit his files and once he is able to get through all the files, he is confident he will have things in order. Writer asked HRC C if he has had anyone go through the State Operations Manual to become familiar with the federal regulations. HRC C looked at this writer and had no idea there were federal regulations that needed to be followed. Writer explained that staff must possess the competencies and skill sets necessary to provide nursing and related services to meet the residents' needs safely and in a manner that promotes each resident's rights, physical, mental and psychosocial well-being. Writer asked HRC C if he was receiving orientation from another HRC and HRC C stated no not really, that someone would provide some input, but not on site. Writer asked HRC C if he knew what education and training the CNAs must have to meet the specific competency requirements as part of their certification requirements defined under State law or regulations. HRC C stated he is finding that out during the survey process. HRC C added that the new hires then do the physical, TB and drug screening on site, and start onboarding, power point orientation with him for one day. HRC C stated after he completes day one orientation, he sends the new employees to start day two, job specific orientation with DON B or Assistant Director in Nursing (ADON) S. HRC C then stated the CNAs then go to units for training and competencies. HRC C added the CNAs will shadow and not touch residents yet, are not released until competencies have been checked off are turned in for verification. During an interview on 01/09/2026 at 12:05 PM, DON B stated she started at this facility on 10/27/25. DON B stated she was involved with new hire process, then worked with an agency DON that filled in between the last DON and her. DON B stated she is now doing the CNA competency from 12/25. DON B added that she would be doing the competency evaluations on day 2, and staff cannot hit the floor/unit until she has reviewed them. DON B stated the competencies were not done prior, she had no log or proof to prove things were completed. DON B added that vaccinations, TB's, competencies, were discussed this last week. DON B stated the ADON S was still in orientation. DON B stated they had to give a 2 week notice for a mandatory skills day. Writer asked DON B if she was aware of the number of CNAs that are working with those residents that should not be, due to lack of training, competencies and understanding? DON B stated yes, but she could not pull them off the units/floors because they wouldn't have anyone left to care for the residents. During an interview on 01/09/2026 at 2:05 PM, Writer asked CNA D if she had completed her competency evaluation prior to being scheduled to work on the floor/unit. CNA D stated she worked with other CNAs on a couple different shifts and was sure she had completed everything. Writer asked if a nurse went around with her to have her use of equipment, bed mobility, transfers and check her off as demonstrating the proper use of the equipment, she stated no. Asked if she went from following CNAs around, to being scheduled on the floor, CNA D stated yes, she was. During an interview on 01/09/2026 at 3:00 PM, writer asked DON B if CNA D had completed competencies to work independently with the residents, because CNA D reported she had completed everything during her orientation. DON B stated CNA D had not completed competency evaluation yet, her form was given to the scheduler to be done, and she had since lost it. DON B stated however CNA D was put on the schedule to work. Writer asked DON B whose responsibility it was to verify that the orientation process had been completed prior to notifying the scheduling department that they are now ready to accept assignments on the</p> <p>(continued on next page)</p>		

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 01/13/2026
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>units. DON B stated it was the responsibility of the DON and the NHA. Writer shared with the DON B that the facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments and described in the plan of care. During an interview on 01/09/2026 at 2:10 PM, Scheduler T stated she does the CNA scheduling and central supply. Scheduler T stated new hires go through days of orientation, she gives them a training schedule, they work with CNAs for a week, they shadow the aide and then work the floor/unit. Scheduler T then stated the new hired CNAs could pass waters, make the beds, while shadow the seasoned CNAs. Writer asked Scheduler T if she had a checklist to verify the new hires had completed everything before working the floor, she stated no. Scheduler T stated she would ask the staff if they were done with orientating and if they said yes, she assumes it was done so she scheduled them. Writer asked Scheduler T if she had received training for this role under the new company, Scheduler T then stated she has not been trained, keeps asking for help and not getting it. Scheduler T stated she was on vacation the month of December and this last month was the first time she had anyone ask her about the competency evaluations. Scheduler T stated she had no idea what that was and who it goes to, adding the only check list she had received is for central supplies. Scheduler T stated at that time ADON was doing the nurses and she was to do CNAs. Scheduler T stated she was only given on-shift as her training for the role of the scheduler at that time. Scheduler T stated she learned about the staffing ladder just a couple months ago, maybe November 2025. Scheduler T stated the staffing ladder is based off census and that was how she was instructed to schedule. Scheduler T stated she has not been taught to schedule based off the acuity of the residents, didn't really understand it. Scheduler T stated again she has been asking for training or someone to go through her job expectations and that has not happened yet. During an interview and record review on 01/13/2026 at 8:55 AM, HRC C gave this writer a list of new nurses hired during the last 6 months. Registered Nurse U was hired on 07/10/25 New Hire Personnel File Checklist had their name, title, DOH as 07/10/25 and nothing was marked off as completed. Physical consent form signed, influenza vac information, signed and dated by employee, no other signature. I-chat background check not done, eligibility letter to hire not done, driver's license not provided, checking sex offender registry was not done, nursing license verification was not done, no I-9, no New Employee Facility General Orientation checklist started or completed, no nursing specific competency evaluations completed, no verification of orientation completion to be scheduled and start working on the units. Licensed Practical Nurse V was hired on 07/28/25 New Hire Personnel File Checklist had their name, title, DOH as 07/28/25 I-chat background check not done, eligibility letter to hire note done, physical and drug screening not done, driver's license not provided, checking sex offender registry was not done, nursing license verification was not done, no I-9, no TB test completed, no New Employee Facility General Orientation checklist started or completed, no nursing specific competency evaluations completed, no verification of orientation completion to be scheduled and start working on the units. Licensed Practical Nurse W was hired on 09/18/25 New Hire Personnel File Checklist had their name, title and DOH as 09/18/25, a line drawn through this date and 10/09/25 put in that spot. I-chat background check not done, eligibility letter to hire note done, physical and drug screening not done, driver's license not provided, checking sex offender registry was not done, nursing license verification was not done, no I-9, no TB test completed, no New Employee Facility General Orientation checklist started or completed, no nursing specific competency evaluations completed, no verification of orientation completion to be scheduled and start working on the units. Licensed Practical Nurse X was hired on 11/13/25, New Hire Personnel File Checklist had their name, title and no DOH filled in, nursing license verified,</p> <p>(continued on next page)</p>		

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 01/13/2026
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>I-chat background check completed, sex offender list verified, no orientation plan found, eligibility letter to hire note done, physical and drug screening not done, driver's license not provided, no I-9, no TB test completed, no physical and drug screening done, no New Employee Facility General Orientation checklist started or completed, no nursing specific competency evaluations completed, no verification of orientation completion to be scheduled and start working on the units. Licensed Practical Nurse Y hired on 12/11/25, New Hire Personnel File Checklist found, I-chat background check done, sex offenders registry done, N95 fitting and questionnaire, vaccinations declined r/t religion, no Covid education was signed off in her file. eligibility letter to hire note done, physical and drug screening not done, driver's license not provided, nursing license verification was not done, no I-9, no TB test completed, no New Employee Facility General Orientation checklist started or completed, no nursing specific competency evaluations completed, no verification of orientation completion to be scheduled and start working on the units.</p>

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 01/13/2026
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based of interview and record review the facility failed to enforce the use of a mask as mandated by their infection control program related to Covid. Findings Include During an interview and observation on 01/09/2026 at 7:55 AM, writer toured the kitchen as breakfast was being served. Observation made of Dietary Manager G not wearing the mask as deemed mandatory from the Infection Preventionist following two other staff testing positive for Covid. Dietary Manager G looked at writer and smiled and giggled stating I was just going to put a mask on. During an interview on 01/09/2026 at 12:20 PM, DON B stated when staff reported they had covid, management team requested they conduct a second covid test, if it was positive, they tested all staff and residents. DON B stated they follow the CDC guidelines and tested on the first day, third day and fifth day. DON B stated now that they have tested negative, they will test everyone two times a week for the next 14 days. DON B also stated that wearing mask was mandated for all staff working.</p>		