

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235176	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/23/2025
NAME OF PROVIDER OR SUPPLIER  Regency at Fremont		STREET ADDRESS, CITY, STATE, ZIP CODE  4554 W 48th St Fremont, MI 49412	

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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 30120</p> <p>This citation pertains to intake MI000149220</p> <p>Based on interview and record review, the facility failed to monitor blood pressures and/or follow physician ordered parameters prior to administering blood pressure medications for 1 of 3 residents (R3) reviewed for medication parameter monitoring, resulting in the potential for serious adverse effects of medications.</p> <p>Findings include:</p> <p>A review of the facility's Medication Administration policy, last revised 10/17/23, revealed, Medications are administered in accordance with written orders of the attending physician . 5. If applicable and/or prescribed, take vital signs or tests prior to administration of the dose, e.g , pulse with digitalis, blood pressure with anti-hypertensive, etc .</p> <p>A review of R3's Admission Record, dated 1/24/25, revealed R3 was a [AGE] year-old resident admitted to the facility on [DATE]. In addition, R3's Admission Record revealed multiple diagnoses that included hypertension (high blood pressure) and Torsades de Pointes (a potentially fatal abnormal fast heart rhythm where the heart's lower chambers beat faster than the upper chambers).</p> <p>A review of R3's physician order for amlodipine (a medication for high blood pressure), dated 6/22/24, revealed instructions to hold the medication if R3's systolic blood pressure (the top number in a blood pressure reading) was less than 110 mmHg (millimeters mursury).</p> <p>A review of R3's physician order for lisinopril (a medication for high blood pressure), dated 6/22/24, revealed instructions to hold the medication if R3's systolic blood pressure was less than 110 mmHg.</p> <p>A review of R3's physician order for metoprolol (a medication for high blood pressure), dated 6/22/24, revealed instructions to hold the medication if R3's systolic blood pressure (the top number in a blood pressure reading) was less than 110 mmHg</p> <p>A review of R3's Medication Administration Records (MARs), dated 11/1/24 to 1/21/25, revealed the following:</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>- 11/16/24= amlodipine, lisinopril, and metoprolol were administered at 9:00 a.m. when R3's blood pressure reading was documented on the MAR as 92/56 mmHg.</li> <li>- 11/17/24= amlodipine, lisinopril, and metoprolol were administered at 9:00 a.m. when R3's blood pressure reading was documented on the MAR as 92/56 mmHg.</li> <li>- 11/25/24= amlodipine, lisinopril, and metoprolol were administered at 9:00 a.m. when R3's blood pressure reading was documented on the MAR as 106/58 mmHg.</li> <li>- 11/30/24= amlodipine, lisinopril, and metoprolol were administered at 9:00 a.m. when R3's blood pressure reading was 107/50 mmHg at 8:00 a.m. per R3's blood pressure log.</li> <li>- 12/1/25= amlodipine was administered at 9:00 a.m. when R3's blood pressure reading was 102/72 mmHg at 8:00 a.m. per R3's blood pressure log (there was not a space on the December MAR for documenting blood pressure readings- it appeared those boxes on the MAR had been removed by pharmacy starting with the December 2024 MAR).</li> <li>- 12/3/24= amlodipine, lisinopril, and metoprolol were administered at 9:00 a.m. However, R3's blood pressure reading was not obtained until 10:52 a.m. (almost 2 hours after the medications were documented as administered and it was 109/87 mmHg).</li> <li>- 12/4/24= amlodipine, lisinopril, and metoprolol were administered at 9:00 a.m. However, R3's blood pressure reading was not obtained that day per R3's blood pressure log.</li> <li>- 12/5/24= amlodipine, lisinopril, and metoprolol were administered at 9:00 a.m. However, R3's blood pressure reading was not obtained that day per R3's blood pressure log.</li> <li>- 12/7/24 to 12/10/24= amlodipine, lisinopril, and metoprolol were administered at 9:00 a.m. However, R3's blood pressure reading was not obtained that day per R3's blood pressure log.</li> <li>- 12/11/24= amlodipine, lisinopril, and metoprolol were administered at 9:00 a.m. However, R3's blood pressure reading was not obtained until 2:50 p.m. (almost 6 hours after the medications were documented as administered).</li> <li>- 12/12/24 to 12/15/24= amlodipine, lisinopril, and metoprolol were administered at 9:00 a.m. However, R3's blood pressure reading was not obtained that day per R3's blood pressure log.</li> <li>- 12/21/24= amlodipine, lisinopril, and metoprolol were administered at 9:00 a.m. However, R3's blood pressure reading was not obtained until 8:58 p.m. (almost 12 hours after the medications were documented as administered).</li> <li>- 12/22/24 and 12/23/24= amlodipine, lisinopril, and metoprolol were administered at 9:00 a.m. However, R3's blood pressure reading was not obtained that day per R3's blood pressure log.</li> <li>- 12/25/24 to 12/26/24= amlodipine, lisinopril, and metoprolol were administered at 9:00 a.m. However, R3's blood pressure reading was not obtained that day per R3's blood pressure log.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- 1/18/25 to 1/21/25= amlodipine, lisinopril, and metoprolol were administered at 8:00 a.m. However, R3's blood pressure reading was not obtained that day per R3's blood pressure log.</p> <p>During an interview on 1/21/25 at 3:50 p.m., the Nursing Home Administrator (NHA) stated she also reviewed R3's MAR and medical records. She stated she did not know why the pharmacy deleted the blood pressure boxes on R3's December 2024 and January 2025 MARs. She also stated she looked to see if the nurses did blood pressure readings at least daily from 11/28/24 to 1/21/25 prior to giving R3 her blood pressure medications. The NHA stated she did see that there were days that R3's blood pressure was not checked and the nurse administered the blood pressure medications anyway. The NHA further stated she did see that on some of the days R3's blood pressure readings were obtained, but they were obtained well after the nurse gave the blood pressure medications.</p>		