

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235260	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2025
NAME OF PROVIDER OR SUPPLIER Regency at Waterford		STREET ADDRESS, CITY, STATE, ZIP CODE 1901 N Telegraph Rd Waterford, MI 48328	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Intake 2577773. Based on interview and record review, the facility failed to ensure privacy of medical information was maintained for a one (R201) of two residents reviewed for Protected Health Information (PHI). Findings include: A complaint was filed with the State Agency (SA) that read in part, .an employee of the facility was telling the diagnosis and personal business of the resident to other family members. Review of the clinical record revealed R201 was admitted into the facility on 8/7/20 and readmitted on [DATE] with diagnoses that included: Alzheimer's disease, heart disease and history of lung cancer. According to the Minimum Data Set (MDS) assessment dated [DATE], R201 had a staff assessment that indicated severely impaired cognition. Review of a documented titled, Statement of Capacity revealed an X marking To be incapable and unable to make his/her informed medical decisions. The document had two physician/psychologist signatures dated 11/20/24. On 9/9/25 at 4:19 PM, R201's Durable Power of Attorney (DPOA) was interviewed by phone and asked if a staff member had disclosed PHI about R201. The DPOA explained (Certified Nursing Assistant - CNA B) had been dating her cousin and would video chat with her Cousin (H) while she was at work and her Cousin H told her he could sometimes see R201 and other residents at the facility. then another time CNA B was at a store and saw another Cousin (I) of hers and told him R201 was not doing well and was going to pass soon. The DPOA was asked if she had ever given permission for CNA B to talk about R201 to other family members. The DPOA explained she had not and specifically wanted to tell R201's sister about R201's decline herself; she did not want R201's sister to hear the information secondhand. Review of the facility's Employee List revealed CNA B's name was not listed. On 9/10/25 at 10:54 AM, the Administrator was interviewed and asked if CNA B worked at the facility. The Administrator explained CNA B did not work there anymore. The Administrator was asked to provide CNA B's employee file. Review of a document titled, Disciplinary Action Record Work Rules for CNA B read in part, .Termination (effective date: 6-24-25). The above employee disclosed confidential & privileged information to a family member of resident (R201's). This information was given to a family member not on resident (R201's) face sheet and not authorized by resident (R201) Power of Attorney to receive medical information. On 9/10/25 at 1:30 PM, the Administrator was asked about CNA B termination. The Administrator explained CNA B had been terminated due to video chatting with people while at work and for giving resident information to someone. The Administrator was asked if employees were informed of the Health Insurance Portability and Accountability Act (HIPAA). The Administrator explained all employees were aware of HIPAA, and were educated on it. Review of a facility policy titled, HIPAA Definitions revised 10/1/21 read in part, . Health Information: Any information, whether oral or recorded in any form, created or received by the facility that relates to the individual's past, present, or future physical or mental health, or the payment for such health care. Disclosure: Means the release, transfer, provision of access to, or divulging in any other manner of information outside of the entity holding the information.</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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