

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/30/2026
Form Approved OMB
No. 0938-0391

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 05/27/2026
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)		
F 0689 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Complaint # 2788554Based on observation, interview and record review the facility failed to ensure a resident was safely transferred in a facility contracted transportation vehicle for one (R701) out of two residents reviewed for accidents/transportation, resulting in R701 sustaining a C6 fracture (broken bone in the sixth cervical vertebra), a C7 compression fracture (structural collapse or break in the seventh cervical vertebra), hospitalization and pain. Findings include:A complaint was filed with the State Agency (SA) that alleged R701, who is bedridden, was being transported to the hospital for a routine checkup and upon return to the facility their wheelchair was not secured properly. The wheelchair flipped over in the transfer van causing a neck injury and hospitalizationA review of R701's hospital records revealed the following: (Hospital).(R701).History and Physical Reports.Service date: 12/18/2025.Chief Complaint: states she was in a W/C (wheelchair) and the driver took a turn and her whole W/C fell over on its side.History of Present Illness:.today patient was on her wheelchair in a transport vehicle, when she hit her head on the vehicle wall as her wheelchair was not properly secured and the vehicle made a sudden movement. Upon arrival patient had pain in mid back, neck.In ED (emergency department) she found out to have a C6 and C7 fracture and admitted for further evaluation by surgery team.Imaging Results:.Nondisplaced fracture of the left-sided at C6.questionable minimal compression fracture at C7.Plan/recommendations:.Pain control as needed.Maintain cervical collar.On 5/27/26 at approximately 9:10 AM, R701 was observed lying in bed. The resident was alert and able to answer all questions asked. R701 was queried as to the incident that occurred in December 2025 while in a transfer van returning to the facility. R701 reported they were scheduled for an appointment and was picked up by the Transportation Company and accompanied Certified Nursing Assistance (CNA) A'. On the way home from the appointment, they were in their wheelchair and felt the van start to shake and they started to fall backwards. CNA A ran out of the van and entered through another door to try and help her. R701 reported that they were in pain and was taken to the hospital and sustained fractures to their neck. R701 noted that they needed to wear a cervical collar for months and received pain medication. R701 noted they continue to have pain in their neck. R701 further noted that they believed something might have been wrong with their wheelchair on the right side and recalled telling a facility staff member about it and further noted that the driver could not secure it correctly.On 5/27/26 at approximately 9:50 AM, a phone interview was conducted with CNA A. CNA A reported that they had been employed by the facility for over 18 years. CNA A was asked about the incident that occurred in the van that was transferring R701 back to the facility on [DATE]. CNA A reported that upon return to the facility the driver was in charge of locking R701's wheelchair in transportation vehicle. They noted that something appeared wrong with the leg rest, but the driver struggled to secure it. They believed it eventually was locked but could not substantiate how it was secured. R701 further reported that as they were a mile or so from the facility there was some jerking and when they looked to the back of the van the resident had fallen back and the chair and resident were folded up like a pretzel. CNA A reported that they opened the back of the vehicle and saw the resident again looking (continued on next page)		

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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