

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 06/12/2024
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>34275</p> <p>Based on observation, interview and record review, the facility failed to ensure a dignified dining experience for multiple residents, including (R8, R90, R20 and R79) out of sixteen residents reviewed for dining. Findings include:</p> <p>On 6/10/24 at approximately 12:05 PM, during observations of the large dining room, several residents were observed sitting at various tables. Residents at three different tables were observed being assisted with their meals. Other residents, who had yet to be served their lunch were watching the other residents eat their lunch. At approximately 12:20 PM, several residents who did not receive 1:1 food assistance had still had not received their lunch meals and reported that they were hungry. R8 noted that the delay in receiving food in the dining room happens often. Final food trays were served to residents at approximately 12:30 PM.</p> <p>On 6/11/24 at approximately 12:02 PM, a second dining observation was conducted. Again, several residents were observed sitting at various tables in the large dining room. There were approximately four residents observed receiving 1:1 feeding assistance by staff. Other residents not receiving assistance did not have meals at their tables. A table with three residents (R90, R20 and R79) were observed watching other residents get their meals. At approximately 12:15 PM, R90 was observed pointing at the other residents eating their food and shaking their heads. When interviewed, R90 noted they were hungry and wanted their food. The other residents (R20 and R79) agreed that they were also hungry and wanted to eat their lunch. At approximately 12:20 PM, the residents still had not received their meals. R90, R20 and R79 were provided their lunch meals at approximately 12:33 PM.</p> <p>On 6/11/24 at approximately 2:00 PM, an interview was conducted with Registered Dietician (RD) E. RD E, who was observed at both the 6/10/24 and 6/11/24 lunch observation, was asked as to why many residents had to wait a significantly long time to receive their meal trays while watching other residents receive assistance with their meals. RD E reported that the facility felt it was best to all the residents sitting at the same table received their meals at the same time but noted that often residents are waiting a long time to receive their meals and that they are witnessing others eating.</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
---	-------	-----------

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 06/12/2024
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/11/24 at approximately 2:44 PM, an interview was conducted with Dietary Manager (DM) G. DM G was queried as to the protocol utilized for those resident's eating in the large dining room and the reason why it was observed that many residents had to wait to receive their meals while watching others eat. DM G noted that residents can choose to eat in the dining room and those who needed feeding assistance 1:1 where served their food first. They noted that they try to get food trays to each resident sitting at a table at the same time. They start providing food to those who need 1:1 care and those who may be sitting at the same table. DM G confirmed that this process does delay others in receiving their meals and agreed that some residents noted they were hungry.</p> <p>A facility policy titled, Resident Dignity and Personal Privacy (3/28/24) was reviewed and documented, in part, the following: Policy .the facility provide care for residents in a manner that respects and enhances each resident's dignity, individuality and right to personal privacy .Dignity means that when interacting with residents, staff carries out activities that assist the resident in maintaining and enhancing his or her self-esteem and self-worth .</p>		

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 06/12/2024
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38271</p> <p>Based on observation, interview, and record review the facility failed to ensure two residents were assessed for the safe self-administration of medication (R12 and R43) of two residents reviewed for self-administration of medications. Findings include:</p> <p>R12</p> <p>On 6/10/24 at approximately 10:24 a.m., R12 was observed in their room, laying in their bed. R12 was observed to be administering a nebulizer solution treatment by themselves in the room with no Nurse present.</p> <p>On 6/10/24 the medical record for R12 was reviewed and revealed the following: R12 was initially admitted to the facility on [DATE] and had diagnoses including Dementia with mood disturbance, Mild cognitive impairment, and Polyneuropathy. A review of R12's MDS (minimum data set) with an ARD (assessment reference date) of 4/3/24 revealed R12 had a BIMS score (brief interview of mental status) of 11 indicating moderately impaired cognition.</p> <p>A review of R12's Physician orders, comprehensive care plan and assessments did not reveal any indication that R12 had been assessed to safely self-administer the nebulizer treatment.</p> <p>R43</p> <p>On 6/10/24 at approximately 10:08 a.m., R43 was observed in their room, up in their bed. R43 was observed to have a fluticasone nasal spray on the bedside table. R43 was queried if they have used it and they indicated that they have and has been on the bedside table for weeks because the Nursing staff just told them that they could keep it instead of keeping it in the medication cart.</p> <p>On 6/10/24 the medical record for R43 was reviewed and revealed the following: R43 was initially admitted to the facility on [DATE] and had diagnoses including End stage renal disease, Dependence on renal dialysis and Congestive heart failure. A review of R43's MDS (minimum data set) with an ARD (assessment reference date) of 5/20/24 revealed R43 needed assistance from staff with their activities of daily living. Section O indicated R43 was on dialysis.</p> <p>A review of R43's Physician orders, comprehensive care plan and assessments did not reveal any indication that R43 had been assessed to safely self-administer nasal spray.</p> <p>On 6/12/24 at approximately 9:22 a.m., During a conversation with the Director of Nursing (DON), the DON was queried regarding the nasal spray at the bedside for R43 and R12 administering the nebulizer treatment without any Nursing supervision and reported that they should not be administering it themselves until they had been assessed.</p> <p>(continued on next page)</p>		

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 06/12/2024
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/12/24 a facility document titled Medication Administration was reviewed and revealed the following: Medication Administration-Resident medications are administered in an accurate, safe, timely, and sanitary manner .Self-Administration-residents are allowed to self-administer medications when specifically authorized by the attending physician and in accordance with the guideline for self-administration of medication. A self-administration evaluation will be completed prior to the resident starting the self-administering process. Self-administration of medication will be reflected in the resident care plan along with any special considerations .</p>		

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 06/12/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34208</p> <p>Based on observation, interview, and record review, the facility failed to ensure water and other fluids were available and accessible for one resident (R78) of one resident reviewed for accommodation of needs resulting in the potential for thirst and complications from dehydration. Findings include:</p> <p>On 6/10/24 at 12:40 PM, R78 was observed in their bed with their lunch tray placed over them on the over-bed table. It was observed R78 had a pureed meal and two magic cup supplements on their tray. It was further observed two full cups of thickened orange juice were in the room, but they were placed across the room on the dresser with lids placed over them. A staff member entered the room set up the tray (removed the dome from the entree, opened the magic cups) and exited the room. They were not observed to remove the lids from the juices and place them on the over-bed table, or anywhere within R78's reach.</p> <p>On 6/10/24 at approximately 2:55 PM, R78 was observed in their bed, the juices remained out of reach on the dresser across the room. R78 was not observed to have any water provided for consumption.</p> <p>On 6/11/24 at 9:25 AM, 1:52 PM and 3:02 PM, R78 was observed in their bed. It was observed two full orange juices with lids on them were placed on the resident's nightstand, approximately 5 feet out of R78's reach. R78's bedside table was within reach, however; no water for consumption was observed anywhere within R78's reach.</p> <p>A review of R78's clinical record revealed they were most recently readmitted to the facility on [DATE] with diagnoses that included: stroke, dysphagia, hemiplegia, and vascular dementia. R78's orders revealed they were to be served a regular diet, pureed texture with honey thickened liquids.</p> <p>On 6/12/24 at 9:11 AM, an interview was conducted with the facility's Director of Nursing (DON). They were made aware of the observations and asked if fluids for consumption should have been within R78's reach and if they should have been provided with water and said they should have.</p> <p>A request for a policy on accommodation of needs/water within reach was requested, however; no policy was provided by the end of the survey.</p>

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 06/12/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49083</p> <p>Based on observation, interview, and record review, the facility failed to ensure nursing services met professional standards for medication administration for one resident (R114) out of one reviewed for professional standards. Findings Include:</p> <p>On 6/11/24, a clinical record review revealed R114 was admitted to the facility on [DATE], with most recent admission with Hospice services on 5/30/24. R114's diagnoses included: COPD (Chronic Obstructive Pulmonary Disease), Atrial Fibrillation (abnormal heart rhythm), hypertension, heart disease, and new onset bladder pain and spasms. Psychiatric history included anxiety and dementia. A Brief Interview for Mentals Status (BIMS) score totaled 5/15 indicating R114 has severe cognitive impairment.</p> <p>On 06/10/24 at 10:17 AM, R114 was observed lying in bed and identified 2 pills lying next to resident (one white tablet and one green capsule). Observation of the environment identified one white tab on the floor in front of the radiator, one cream colored capsule was identified under the radiator, and three small white pills were observed on the floor under the bed. R114 was asked if the pills were given that morning, and R114 had no recollection and was not aware the pills were laying in the bed.</p> <p>On 6/10/24 at 10:20 AM, Licensed Practical Nurse (LPN) B confirmed all medications were given to R114 and observed all were taken and indicated the medications lying in bed and on the floor were from another nurse and shift.</p> <p>On 6/10/24 at 10:27 AM, LPN, Unit Manger N was notified of the observation and that LPN B removed the pills from room.</p> <p>On 6/11/24 at 12:44 PM, the Director of Nursing (DON) was notified of the observation and confirmed medications are to be observed by nursing as verification that residents take their medications.</p> <p>Review of the facility policy titled; Medication Administration dated 10/2023 documented: .Observe that the resident swallows the oral medications. Do not leave medications with the resident to self-administer .</p>		

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 06/12/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 34208</p> <p>Based on observation, interview, and record review, the facility failed to ensure activity of daily living (ADL) care for two residents (R#39 and 98) of four residents reviewed for ADL care, resulting in the potential for hunger and embarrassment from poor personal hygiene. Findings include:</p> <p>R39</p> <p>On 6/10/24 at 9:46 AM, R39 was observed lying in their bed. R39 had tube feeding delivered via pump at 60 milliliters per hour and did not respond to any attempts at verbal communication. It was observed R39's nails were long in length and had visible dark debris underneath the nail bed.</p> <p>On 6/11/24 at 9:44 AM and 6/12/24 at 8:25 AM, R39's fingernails were observed to remain long with dark debris under the nail beds. R39 did not respond to any attempts at verbal communication during the observations.</p> <p>On 6/10/24 at 1:21 PM, an observation of the meal service on the Oakland Unit was conducted. At the conclusion of the lunch meal staff were observed placing dirty trays on the cart for return to the kitchen. An observation of the cart revealed R39's tray and meal ticket. The ticket was ripped in half, but indicated R39 was to receive a pleasure tray with a pudding and an ice cream. The tray with the ticket revealed an unopened pudding and unopened ice cream. A review of R39's Certified Nursing Aide (CNA) Task for Amount Eaten for the lunch meal revealed no documentation of the resident eating or refusing to eat.</p> <p>On 06/11/24 at 8:16 AM, R39's tray was observed on the meal cart, with dirty trays placed in the cart for return to the kitchen. The ticket on R39's tray had been ripped in half but listed yogurt, applesauce, and two prune juices as the pleasure tray offerings. It was observed all four of the items were unopened, still sealed. A review of the CNA task for Amount Eaten for the breakfast meal on 6/11/24 was documented as Refused.</p> <p>On 6/12/24 at 8:25 AM, a review of the meal cart on the Oakland unit was observed to have R39's tray with an unopened yogurt and an unopened applesauce on it. It was observed the ticket listed the yogurt and applesauce as the pleasure tray offerings. The ticket was ripped in half, and along with R39's tray; other dirty trays had been placed in the cart. A review of the Certified Nursing Assistant (CNA) task for Amount Eaten for the breakfast meal documented, Refused. It is unclear how R39 (non-verbal) could refuse the unopened food items.</p> <p>(continued on next page)</p>

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 06/12/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of R39's clinical record revealed they admitted to the facility on [DATE] with diagnoses that included: heart failure, high blood pressure, dysphagia, Alzheimer's disease, and dementia. R39's most recent Minimum Data Set assessment dated [DATE] revealed they were severely cognitively impaired and required substantial/maximal assistance for eating. R39's Dietary Enteral assessment dated [DATE] indicated they received tube feeding with pleasure trays and required 1:1 assistance with eating. R39's care plan revealed an intervention dated 12/13/23 that read, EATING: Resident requires Dependent assistance one assist . A more detailed review of R39's CNA Task for Amount Eaten for a 30-day look-back period was conducted and revealed multiple entries that read Tube Feeding with no evidence of consumption or refusal of the meal, as well as 4 days that were missing documentation for meals.</p> <p>On 6/11/24 at 1:57 PM, an interview was conducted with Dietician 'E'. They were asked about the ripped tickets and the unopened pleasure tray offerings on R39's trays. They said they did not know what ripped meal tickets indicated but staff should have opened the options and offered them to R39. They were further asked if staff should be checking off Tube Feeding on the CNA task for Amount Eaten and said staff should check off the percentage eaten or Refused.</p> <p>38271</p> <p>R98</p> <p>On 6/10/24 at approximately 12:25 p.m., R98 was observed in the dining room, attempting to eat the lunch meal. R98 was observed to be eating slow, appearing to struggle to hold food on their utensil. R98's meal ticket was observed and indicated R98 was to be provided 1:1 assist with eating. No staff member was observed to be assisting R98 was eating.</p> <p>06/11/24 at approximately 12:30 p.m., R98 was observed in their room, attempting to eat the lunch meal. R98 was observed to have difficulty focusing and using the utensils. At that time, R98's meal ticket was observed and indicated R98 was to have 1:1 assist with feeding and be provided verbal cues. At that time, no staff were observed to be providing R98 with eating assistance.</p> <p>On 6/11/24 the medical record for R98 was reviewed and revealed the following: R98 was initially admitted to the facility on [DATE] and had diagnoses including Alzheimer's disease, Protein-calorie malnutrition, and Hemiplegia/Hemiparesis following cerebral infarction affecting left non-dominant side. R98's MDS (minimum data set) with an ARD (assessment reference date) of 4/26/24 revealed R98 needed assistance from facility staff with eating. R98's BIMS score (brief interview for mental status) was 10 indicating moderately impaired cognition.</p> <p>A review of R98's comprehensive care plan revealed the following: Focus-[R98] has alteration in nutritional and/or hydration status r/t (related to) Swallowing problems, mechanically It diet, hemiplegia, hemiparesis, . Res (resident) follows vegetarian-lacto (lactose) diet. She is at increased risk for dehydration related to fluid restriction .Date Initiated: 10/18/2021 .Interventions-Assist [R98] with meals as needed: 1:1 feeding, encouragement, verbal cues at meals. Date Initiated: 10/18/2021 .</p> <p>A Nutritional re-evaluation dated 4/24/24 revealed the following: 16. Ability to Feed Self-1:1 feeding, Encouragement, Verbal cues.</p> <p>(continued on next page)</p>		

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 06/12/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/11/24 at approximately 2:11 p.m., during a conversation with Registered Dietician E (RD E), RD E was queried regarding the 1:1 assistance with eating required for R98 and they reported that a staff member should be providing 1:1 assistance to R98 when they were eating.</p> <p>A request for a policy on activities of daily living was requested, however; the policy provided titled, Personal Hygiene did not address providing ADL care for residents.</p> <p>A review of a facility policy titled, Meal Service was reviewed and read, .5. Guests/Residents will be assisted to the Dining Room, as needed, by the facility staff .and assistance at mealtime will be appropriate for the guests'/resident's needs .</p>

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 06/12/2024
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34275</p> <p>Based on observation, interview, and record review the facility failed to provide meaningful, diverse and engaging activities for one (R74) out of two residents reviewed for activities. Findings include:</p> <p>On 6/10/24 at approximately 10:02 AM, R 74 was observed lying in bed. The resident was alert and able to answer questions asked. R74 reported that they had been at the facility for about two years. The resident was watching television. When asked about life at the facility the resident reported that they are bored all the time. The resident noted that they did not get out of bed as they could not stand, they also noted that their right arm was paralyzed, and their legs did not work. When asked if they engage in any activities, R74 reported that all they do is watch TV. When asked if they had been offered any other activities to perform in their room, they reported that they had not. The resident noted that the activity schedule was posted on their armoire, but due to vision problems they could not even see the activities being provided.</p> <p>A review of R74's clinical record revealed the resident was initially admitted to the facility on [DATE] with diagnoses that included: vascular dementia, depression, and type II diabetes. A review of the resident's Minimum Data Set (MDS) noted that the resident had a Brief Interview for Mental Status (BIMS) score of 5/15 (impaired cognition) and required extensive assist with most Activities of Daily Living.</p> <p>A review of R74's Care Plan revealed, in part: Focus: R74 prefers to engage in activities independently or in the room but is willing to attend programs as interested (initiated 3/16/22) .Interventions: offer outdoor activities when the weather is appropriate (3/18/22) . Provide an activities calendar. Invite and encourage resident to attend scheduled activities of interest (3/18/22) .Resident prefers independent activities but may show an interest in the following types of group activity programs per assessment such as entertainment(3/18/22) .Authored by Activity Director (AD) M. *It should be noted that there were no interventions added to the resident's care plan since 3/18/22. Further, there was no indication that the resident refused to engage in activities.</p> <p>A review of R74's, TASKs noted several activities, including, but not limited to, arts and crafts, exercise, cooking, games, field trips and gardening. The TASKS had not been checked as either being provided or refused. No notes authored by AD M were found in the resident's clinical record.</p> <p>On 6/12/24 at approximately 9:33 AM, an interview was conducted with AD M. When asked as to activities being offered to R74, AD M reported that the resident does not get out of bed. When asked due to the resident not getting out of bed, what activity services were provided and if they had any indication that the resident refused activities. AD M noted that they would review the residents record and report back.</p> <p>AD M returned with a document noted as Intervention/Task for the month of June 2024 (6/1-6/11) that noted the following:</p> <p>1. 1:1 PRN (as needed) visit provided 6/1, 6/2, 6/4, 6/6, 6/8, 6/9, 6/10, 6/11</p> <p>(continued on next page)</p>		

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 06/12/2024
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Music/Radio(PRN): 6/4, 6/6, 6/9, 6/10</p> <p>3. TV/Movies(PRN): 6/4, 6/6, 6/8, 6/9 and 6/10</p> <p>On 6/12/24 at approximately 10:21 AM, a phone interview was conducted with Activity Assistant (AA) N as they had noted most PRN activities as noted above. AA N was asked as to what the Tasks noted above included. AA N reported that 1:1 meant they would enter the R's room and spend more than a minute or so with the resident. Music/Radio meant that they would assist the resident in listening to music/radio and possibly joining in on their listening. TV/Movies meant ensuring that the TV was on and possibly watching the TV/Movie with them. When asked if any other activities were provided, AA N noted N as R74 could not get out of bed.</p> <p>The facility policy titled, Activities Program (8/3/21) was reviewed and documented, in part: .Policy: The facility provides an ongoing/activity recreation program based on the individual guest/resident comprehensive evaluation, care plan and stated preferences .independent activities which empowers, maintains and supports all guest/residents in the facility .Activities are: any endeavors other than ADLs in which the guest/resident participates .Intended to enhance the guest/resident's well being .promote the self-esteem pleasure, comfort, education, creativity, success and independence .</p>

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 06/12/2024
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49083</p> <p>This citation has two (2) deficient practices.</p> <p>Deficient Practice #1</p> <p>Based on observation, interview, and record review, the facility failed to perform ongoing, accurate clinical assessments and ensure interdisciplinary team (IDT) collaboration for care for one resident (R116), of two residents reviewed for assessment and care, resulting in prolonged placement of an unused Percutaneous Endoscopic Gastrostomy (PEG) Tube, pain and recurrent infections at the PEG tube site. Findings Include:</p> <p>On [DATE] at 11:07, an observation of R116's PEG (a tube surgically placed in the abdomen for the use of artificial nutrition and hydration) site was conducted with Licensed Practical Nurse (LPN) A. The observation revealed a split gauze dressing dated ,d+[DATE] placed on the abdomen covering the insertion site. The exterior right side of the gauze was observed with an area of dark red blood. Removal of the dressing revealed moderate amounts of dark red blood, and bright red blood on the gauze surrounding area of PEG insertion. The Peg tube was not sutured or secured to the abdomen and easily manipulated. Visualization of the tube at insertion, inside the abdomen was observed with a sticky, purulent appearance.</p> <p>LPN A acknowledged a significant amount of bloody drainage and substance on the tube. At that time, they were asked when the dressing they removed had been applied and said it occurred on the midnight shift at 2:38 AM. LPN A further reported there was a standing order dated [DATE] for PEG tube maintenance to cleanse with wound cleanser and apply a dry dressing every night.</p> <p>A review of R116's clinical record revealed R116 admitted to the facility on [DATE] with diagnoses that included: stroke, left sided weakness, dysphagia (difficulty swallowing), aphasia (impaired language ability), and presence of a feeding tube. R116's most recent Brief Interview for Mental Status (BIMS) Score revealed they had severe cognitive impairment.</p> <p>Continued review of R116's clinical record revealed multiple concerns and infections at R116's PEG tube feeding site. The record revealed the following:</p> <p>On [DATE], a surgical procedure to replace the PEG was performed due to dislodgment (pulled out).</p> <p>On [DATE], R116 developed an abscess at the PEG site and required antibiotic therapy.</p> <p>On [DATE], R116 required a CT scan (several x-ray images) of the abdomen for concern of abscess at the PEG site and required antibiotics.</p> <p>On [DATE], R116 was placed on antibiotics for a diagnosis of cellulitis (skin infection) of the abdomen/PEG tube site.</p> <p>(continued on next page)</p>		

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 06/12/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE], The Electronic Medical Record (EMR) documented R116 was .Identified Risk of Complications and/or Morbidity or Mortality of Patient Management: MODERATE-HX of infections in and around peg tube . Cutaneous abscess of abdominal wall .</p> <p>A review of a progress notes by Nurse Practitioner (NP) D entered into the record on [DATE] documented, . Patient has a history of abscess to his peg insertion site . The note further indicated R116 experienced worsening tenderness, a firm palpable mass, prudent <sic> drainage and was started on an oral antibiotic on [DATE]. The note did not indicate any additional orders for treatment or dressings to the abscess.</p> <p>A progress note dated [DATE] at 12:00 AM from NP D read, .has an abscess to his abdomen around his peg tube insertion site. He states it is painful and he would like better control over his pain .</p> <p>On [DATE] at 12:00 AM, the progress notes from NP D documented the abscess was recurrent, with drainage and tenderness present.</p> <p>On [DATE] at 11:00 AM, an interview was conducted with Registered Dietician (RD) E and RD F. They both acknowledged a progress note dated [DATE] that indicated R116 was reviewed and confirmed enteral feedings via the PEG tube were discontinued 30 days prior. They further acknowledged R116 was tolerating a regular diet, consuming ,d+[DATE]% of most meals, and was maintaining weight at their goal range. During the interview, they were asked why the PEG tube remained and said it was in the event R116 stopped maintaining their weights they could resume PEG tube feeding. They were then asked, that if R116 was eating, why would the peg tube be considered as a means of administering nutrition as opposed to oral supplements? RD E and RD F had no explanation.</p> <p>On [DATE] a 12:15 PM, an interview was conducted with NP D and the Director of Nursing (DON) regarding the unused PEG tube remaining in place and the recurrent infections at the site. When they were asked about the last time the PEG tube was used ([DATE]) NP D said it had only been six weeks and they needed to ensure R116 tolerated oral food and there needed to be consistent weights. NP D was then asked if wound care followed R116 for the abscess and said they did not. When asked about the purulent, bloody drainage, NP D said that was a new development as of earlier in the day and nursing notified them of the drainage after the observation with this surveyor. NP D then said an order was written to begin calcium alginate (a dressing that provides a moist cover to prevent wound from drying and allows the wound to heal more quickly) to the wound.</p> <p>On [DATE] at 12:30 PM, an interview was conducted with the Director of Nursing (DON). The DON was queried as how the facility addressed the PEG tube concern pertaining to R116. The DON said the Facility conducts a weekly At Risk Meeting and allows a collaboration of the IDT team including wound care, infection control, and dietary to address current concerns with the residents. The DON confirmed if R116, was started on Bactrim DS, (antibiotic) on Wednesday [DATE], his medical change in condition should have been reported from NP D on Friday [DATE], and the entire team could have collaborated and discussed interventions and a plan of care. The DON was asked if R116 had been discussed during the At Risk IDT (interdisciplinary team) meeting and said they had not.</p> <p>Review of the facility policy titled Resident at Risk Meeting dated ,d+[DATE] documented:</p> <p>(continued on next page)</p>		

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 06/12/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>.Purpose: To ensure that our residents receive the necessary care and services to attain or maintain their highest practical well-being To identify and prevent resident decline in condition, and mange residents with a decline or who exhibit risk factors for a decline in condition through a weekly interdisciplinary collaborative meeting .</p> <p>48680</p> <p>Deficient Practice #2</p> <p>Based on interview and record review the facility failed to administer prescribed ear drops for one resident (R30) out of one residents reviewed for medication administration verification resulting in delay in treatment and continued pain in right ear. Findings include:</p> <p>On [DATE] at 12:08 PM R30 was interviewed and asked how their stay at the facility was. R30 stated it had been fine however they had been having some ear pain and that the Medical Doctor had ordered them some ear drops. R30 stated they had not received any ear medications and their ears were still in pain.</p> <p>A record review revealed that R30 was admitted to the facility on [DATE] with a primary diagnosis of kidney stones and a Brief Interview for Medical Status (BIMS) score of 10 (moderately impaired cognition).</p> <p>Continued record review revealed that R30 was ordered Debrox Solution 6.5% to instill 5 drops every morning and at bed time for right ear ache starting on [DATE] for 5 days. According to the documentation the [DATE]-[DATE](9:00AM) the nursing staff documented that the medication was not available and on [DATE] 9:00PM the medication was given.</p> <p>On [DATE] at 10:00AM, R30 was asked about their ear pain and if they had received their ear medication. R30 replied, No, I have not received any medication and my ear is still in pain.</p> <p>On [DATE] at 10:05AM, the medication cart was reviewed and there were no ear drops located on the cart for R30.</p> <p>On [DATE] at 11:00 AM the Director of nursing(DON) was interviewed and asked how are the nurses signing off on a medication that is not located in the cart and that a resident stated they have never received. The DON stated she did not know but she would contact the doctor to get a new order since it expired the previous day.</p> <p>No other information was provided by the exit of survey.</p>		

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 06/12/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34208</p> <p>Based on observation, interview, and record review, the facility failed to ensure physician ordered Liters of oxygen per minute were delivered via concentrator for one resident (R47), of one resident reviewed for oxygen therapy resulting in elevated blood oxygen levels. Findings include:</p> <p>On 6/10/24 at 9:52 AM, R47 was observed in bed asleep with oxygen being delivered via nasal cannula at six Liters per minute.</p> <p>On 6/10/24 at 1:45 PM, 6/11/24 at 9:30 AM, and 1:54 PM and 6/12/24 8:26 AM, observations of R47's oxygen concentrator revealed the settings at six Liters.</p> <p>On 6/10/24 at 1:59 PM, a review of R47's clinical record revealed they admitted to the facility on [DATE] with diagnoses that included: chronic obstructive pulmonary disease, (COPD) pneumonia, dependence on oxygen, and generalized anxiety disorder. A review of R47's orders revealed an order dated 5/20/24 that read, .Oxygen saturation of 93-94% (Oxygen 3-4L (Liters)/min (minute) ATC (around the clock) via nasal cannula). Directions: every shift avoid 95+% given COPD history</p> <p>On 6/11/24 at 9:57 AM and 6/12/24 at 11:00 AM, reviews of R47's documented oxygen levels was conducted and revealed the following oxygen saturation levels:</p> <p>5/20/24 98%</p> <p>5/22/24 98%</p> <p>5/23/24 100%</p> <p>5/24/24 98%</p> <p>5/25/24 99%</p> <p>5/26/24 98%</p> <p>5/27/24 98%</p> <p>5/29/24 98%</p> <p>6/1/24 98%</p> <p>6/3/24 98%</p> <p>6/6/24 99%</p> <p>6/7/24 99%</p> <p>6/8/24 98%</p> <p>(continued on next page)</p>		

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 06/12/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>6/10/24 both readings documented for the day greater than 94%</p> <p>6/12/24 four of four readings documented for the day were greater than 94%.</p> <p>On 6/11/24 at 9:11 AM, an interview was conducted with the facility's Director of Nursing (DON) and they indicated staff should have followed the physician's orders for oxygen delivery.</p> <p>A review of a facility provided policy for oxygen therapy was received, however; the policy did not address following the physician's orders for appropriate delivery of oxygen.</p>		

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 06/12/2024
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38271</p> <p>Based on observation, interview and record review the facility failed to ensure Physician orders were in place for treatment, monitoring and assessing one resident (R43) who was on hemodialysis of two residents reviewed for dialysis care. findings include:</p> <p>On 6/10/24 at approximately 10:08 a.m., R43 was observed in their room, up in their bed. R43 was queried if they were on dialysis services, and they indicated that they were. R43 was queried if the Nursing staff were assessing their dialysis access site and they indicated that they do not assess it on a regular basis.</p> <p>On 6/11/24 at approximately 10:09 a.m., R43 was observed in their room, laying in their bed. R43 was queried if the nursing staff have recently assessed their dialysis access site and they reported sometimes, not every day or anything. R43 was queried if the staff are wearing gowns when the provide care to them and the indicated that they do not.</p> <p>On 6/10/24 the medical record for R43 was reviewed and revealed the following: R43 was initially admitted to the facility on [DATE] and had diagnoses including End stage renal disease, Dependence on renal dialysis and Congestive heart failure. A review of R43's MDS (minimum data set) with an ARD (assessment reference date) of 5/20/24 revealed R43 needed assistance from staff with their activities of daily living. Section O indicated R43 was on dialysis.</p> <p>Further review of the medical record did not reveal any Physician orders for Dialysis treatment or monitoring the access site for thrill, brute, stenosis, or thrombosis. No documentation that Nursing staff were regularly assessing the site was present in the record.</p> <p>On 6/12/24 at approximately 9:22 a.m., during a conversation with the Director of Nursing (DON), the DON was queried regarding the procedures for residents on dialysis and they reported they should have Physician orders for dialysis and monitoring of the access site. The DON was queried why R43 did not have any Physician orders for their dialysis care and reported they did not know but they should have Physician orders in the record.</p> <p>On 6/12/24 a facility document titled Hemodialysis was reviewed and revealed the following: POLICY Residents receiving hemodialysis will be assessed pre and post treatment and receive necessary interventions 1.Obtain a physician's order for hemodialysis 5.Evaluate the resident daily for dialysis access site and possible complications, including, but not limited to: a. Evaluation of the access site for i. Thrombosis or bleeding ii. Stenosis - small blue/purple veins. Constriction or narrowing within an orifice. iii. Infection - redness, drainage, abscess, warmth of the extremity iv. Steel syndrome - shortage of blood to the hand presenting with discolored fingers and coolness in the extremity v. Aneurysms - localized ballooning b. Thrill- palpation of the fistula site, it can be described as a purring vibration. c. Bruit- a continuous, machine-like sound that can be heard during auscultation with a stethoscope. It can also be described as a whooshing or a high pitched whistling. d. If the resident has a catheter for hemodialysis access, evaluate the catheter and site for:</p> <p>i. Bleeding ii. Signs of infection .</p>		

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 06/12/2024
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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34208</p> <p>Based on interview and record review, the facility failed to advocate for legal representation for one resident (R107), of one resident reviewed for a provision of social services, resulting in R107 having no one to legally advocate for them. Findings include:</p> <p>A review of R107's clinical record revealed they admitted to the facility on [DATE] with diagnoses that included: epilepsy, traumatic brain injury, hallucinations, and dementia. A review of a Statement of Capacity dated 3/21/23 was reviewed and revealed R107 had been found, To be incapable and unable to make his/her informed medical decisions . A review of scanned documents in R107's medical record did not reveal any documents to indicate R107 had a legal decision maker.</p> <p>6/11/24 at 10:25 AM, an interview with Social Services Staff 'K' was conducted and they were asked if R107 had a Durable Power of Attorney or Legal Guardian and said they did not. They were asked why, considering R107 had been deemed not competent to make their own medical decisions on 3/21/23. They said the family had retained an attorney and their attorney was not allowing the facility's contracted consulting company (company that assisted the facility with obtaining guardianships) to go forward with obtaining guardianship. They were asked how the family's attorney was preventing the consulting company from filing a petition with the court when anyone was able to freely petition the court, and and they had no explanation. They were then asked to provide any documentation to show the facility and/or the consulting company were working toward obtaining legal representation.</p> <p>On 6/11/24 at approximately 1:00 PM, Social Services Staff 'K' provided a typed document timeline that indicated R107 had been referred to the contracted consulting company on 11/6/23, eight months after their capacity determination. The document further read, .We (the facility) have come to the conclusion that regardless of the attorney, after talking with ours, we are going to move forward with filing for the guardianship which is occurring on 6/11/24 .</p> <p>A review of a facility provided document titled, Social Worker Job Description was conducted and read, . ESSENTIAL FUNCTIONS AND RESPONSIBILITIES .Facilitation of appointment of responsible party as needed .</p>		

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 06/12/2024
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>48680</p> <p>Based on interview, and record review the facility failed to ensure residents did not receive duplicate/unnecessary medication for one (R20) out of five residents reviewed for unnecessary medications. Findings include:</p> <p>A medical record review of R20's drug regimen was conducted. There was an order for Montelukast sodium (a medication generally used to treat asthma like symptoms)10mg (milligrams) oral tab once daily for allergies started on 5/4/24 and another order for Montelukast Sodium 10mg oral tab once daily for hypertension started on 3/15/24. Both orders were currently active and R20 according to the documentation was receiving a total of 20mg a day.</p> <p>On 6/12/24 at 11:00AM the Director of Nursing (DON) was interviewed and asked why did R20 have two orders in for the same medication and is the indication of hypertension appropriate for this drug. The DON replied that she would have to ask the nurse practitioner (NP) if it was supposed to be two orders for the medication and that hypertension was not an appropriate indication for that medication.</p> <p>On 6/12/24 at 12:00PM the DON stated that the NP stated it was a duplicate order and one should be discontinued.</p> <p>There was no additional information provided by the exit of the survey.</p>		

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 06/12/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49083</p> <p>Based on observation, interview, and record review, the facility failed to properly label and confirm a resident's narcotic medication (Morphine) and ensure medication carts were locked for two of three medication carts reviewed and failed to properly secure one unattended medication cart. Findings Include:</p> <p>On 6/11/24 at 8:47 AM, an observation of the [NAME] medication cart was conducted with Licensed Practical Nurse (LPN) A. The narcotic drawer was observed having 30 syringes (three separate clear bags each containing ten syringes) labeled Morphine Sulfate 10 mg (milligrams)/5ml (milliliters). LPN A acknowledged no resident identifiers were placed on the medication and would have to contact pharmacy.</p> <p>On 6/11/24 at 1:29 PM, the Director of Nursing (DON) indicated pharmacy sent them with no names, was aware of the findings and indicated they were returned to pharmacy.</p> <p>Review of the facilities policy titled; Controlled Substances 10/2023 documented: .When a controlled substance is delivered from the pharmacy, the nurse will: Open the controlled substance bag and confirm: Resident Name .</p> <p>38271</p> <p>On 6/11/24 at approximately 11:48 a.m., a medication cart filled with various wound/treatment creams that was located in the common area by the 100 rooms was observed unlocked and unattended by any Nursing staff.</p>

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 06/12/2024
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 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide special eating equipment and utensils for residents who need them and appropriate assistance.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38271</p> <p>Based on observation, interview, and record review the facility failed to ensure adaptive equipment/assistive devices used to assist with eating were provided for one resident (R17) of 19 residents reviewed for dining. Findings include:</p> <p>R17</p> <p>On 6/10/24 at approximately 12:33 p.m., R17 was observed in the dining room, attempting to eat the lunch meal. R17's meal ticket was observed and indicated R17 was to be provided a divided plate and a two-handed spouted cup. R17 was not observed to have been provided either of the assistive devices.</p> <p>On 6/11/24 at approximately 12:17 p.m., R17 was observed in the dining room, attempting to eat the lunch meal. R17's meal ticket was observed and indicated R17 was to be provided a divided plate and a two-handed spouted cup. R17 was not observed to have their divided plate but still had not been provided the spouted cup.</p> <p>On 6/11/24 the medical record for R17 was reviewed and revealed the following: R17 was initially admitted to the facility on [DATE] and had diagnoses including Dementia and Legal blindness.</p> <p>A review of R17's comprehensive care plan revealed the following: Focus-[R17] has alterations in nutrition and hydration status r/t (related to): dx (diagnosis); Dementia, depression, anemia, HTN (Hypertension), DM (Diabetes Mellitus), is legally blind and can feed self with tray set up at meals, usually does not wear lower dentures while eating with modified texture diet ordered Interventions-OT (Occupational Therapy) to screen and provide adaptive equipment for feeding as needed: 2-handed Spouted Cup, Divided Plate. Date Initiated: 08/26/2021.</p> <p>A Nutritional Re-evaluation dated 5/28/24 revealed the following: .Goal remains for wt. (weight) maintenance with gradual wt. gain beneficial towards BMI (body mass index) of 23. Will continue to monitor 17. Adaptive Devices 2-handed Spouted Cup, Divided Plate .</p> <p>(continued on next page)</p>

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 06/12/2024
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 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/12/24 a facility document titled Adaptive Equipment was reviewed and revealed the following: Policy: Procedure: It is the policy of this facility to provide adaptive eating equipment for those residents who would benefit from their use, based on comprehensive assessment, to assist the resident to achieve his or her highest functioning potential. 1. The Dietary Manager or Dietitian will assess the resident upon admission and at least quarterly thereafter for services necessary to improve self-feeding or meal acceptance needs, including the potential need for adaptive equipment. 2. Residents will be referred to the Occupational Therapist for more in-depth assessment, if difficulties with self-feeding. 3. If the assessment indicates the resident will benefit from adaptive eating equipment, the Dietary department will be notified of what utensils will be needed for an individual resident. 4. If the particular utensil is not available in the department for use, one will be ordered by the Dietary Manager, Dietitian, or Therapist to be delivered as soon as possible. 5. Culinary staff will place the adaptive equipment on each meal tray and be responsible for washing and sanitizing the utensils after each meal. 6. The Dietary Manager or Dietitian will document the use of adaptive equipment in nutrition notes and on the plan of care .</p> <p>34275</p>

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 06/12/2024
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34275</p> <p>Based on observation, interview and record review the facility failed to maintain accurate medical records regarding resident treatment for one (R74) out of one resident reviewed for medical records. Findings include:</p> <p>On 6/10/24 at approximately 10:02 AM, R 74 was observed lying in bed. The resident was alert and able to answer questions asked. R74 reported that they had been at the facility for about two years. The resident noted that they did not get out of bed as they could not stand, they also noted that their right arm was paralyzed and did not work. R74 tried to show the Surveyor that their right hand/arm was not functional. During the observation the resident was not wearing a splint.</p> <p>A review of R74's clinical record revealed the resident was initially admitted to the facility on [DATE] with diagnoses that included: vascular dementia, depression and type II diabetes. Continued review of R74's record noted that the resident was on a Maintenance Splint Program that noted Apply right hand splint up to 4 hours daily as tolerated, monitor skin integrity and perform PROM (passive range of motion) when donning/doffing. A 30 day look back on the TASK section noted that the Certified Nursing Assistant (CNA) staff responded YES daily from 5/14/24 through 6/11/24, with the exception of 5/5/24 that the splint had been applied.</p> <p>On 6/12/24 at approximately 8:53 AM, R74 again was observed lying in bed. R74 was asked if they wore a splint on their right hand and whether they were receiving and restorative services/ROM to their right hand. R74 reported that they had not had a splint on in several months and did not receive any therapy. When asked if there was a splint located in their room, they noted that they did not think so.</p> <p>On 6/12/24 at approximately 9:05 AM, Unit Manager Nurse I was asked if R74 had an order for the splint for their right hand and whether PROM was being provided. Nurse I reviewed the resident's record and noted that they did not see a current order. When asked if CNAs should be recording that services were being completed when they were not being done, Nurse I reported they should not.</p> <p>On 6/12/24 at approximately 9:30 AM an interview was conducted with Physical Therapist Manager (PTM) L . PTM L reported that the order for the splint was discontinued on or about 8/10/23 and was uncertain as to why CNA staff were recording that the splint had been applied.</p> <p>A review of the facility policy titled, Documentation Expectations (6/21/23) documented in part, Policy: Healthcare personnel will complete documentation requirements as outlined by the company and recorded in the medical record using accepted principles of documentation .Knowingly documenting untrue statements, making false entries .are considered willful acts of falsification .Nursing Assistant Documentation: Nursing Assist documentation is completed per the Electronic Medical Record .Documentation should be audited regularly by the licensed nurse to assure completeness and accuracy .</p>		

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 06/12/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34208</p> <p>Based on observation, interview, and record review, the facility failed to follow accepted practices for infection control as it relates to transmission-based precautions (TBP) and contact precautions for six residents, (R#'s 118, 16, 85, 25, 43, and 116) of 10 residents reviewed for infection control, resulting in the potential for the development and spread of infection. Findings include:</p> <p>A review of a facility provided policy titled, Enhanced Barrier Precautions (EBP) was reviewed and read. . Enhanced Barrier Precautions are indicated for residents with any one of the following:2) a wound or indwelling medical devices .Indwelling medical devices include central lines, urinary catheters, feeding tubes, and tracheostomies .It is the intent of this facility to use Enhanced Barrier Precautions (EBP) in addition to Standard Precautions for preventing the transmission of CDC (Centers for Disease Control) targeted multidrug-resistant organisms (MDROS) .Healthcare personnel caring for residents on Enhanced Precautions should wear gloves and gowns during high contact resident care .</p> <p>R#'s 118 and 16</p> <p>From 6/10/24 to 6/12/24, during multiple observations, R118 and R16's door to their room was observed to have a sign to indicate they were on enhanced barrier precautions (EBP) (the use of a gown and gloves for high contact resident care activities) and a second sign that indicated they were on contact/droplet precautions. The contact/droplet precaution sign on the door indicated a gown, gloves, N95 face mask and eye protection were required for entry to the room. During the observations, multiple staff members were seen entering and exiting the room performing their assigned duties. It was not observed on any observations staff donned an N95 mask or eye protection.</p> <p>On 6/10/24 at approximately 9:45 AM, an observation of the isolation supply cart outside R118 and R16's room was made, and it was observed to contain isolation gowns, gloves, surgical masks, and face shields.</p> <p>On 6/10/24 at 10:27 AM, an interview with Certified Nurse Aide 'H' was conducted and they were asked about what personal protective equipment (PPE) they wore when they were in the room and said they wore a gown and gloves.</p> <p>A review of R118 and R16's physician orders was conducted and revealed active orders for EBP, but no active orders for contact/droplet precautions.</p> <p>R85</p> <p>On 6/10/24 at 10:07 AM, an observation of R85's room was conducted, and it was not noted to have any signage that indicated they were on any type of transmission based precautions. A staff member passing by the room was asked if they knew where R85 was and said they were in dialysis.</p> <p>(continued on next page)</p>		

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 06/12/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of R85's clinical record was conducted and revealed they admitted to the facility on [DATE] with diagnoses that included: end stage renal disease with dependence on dialysis, severe protein calorie malnutrition, heart failure, and Alzheimer's disease. A review of R85's physician's orders was conducted and revealed an order dated 6/11/24 that indicated R85 was to be on enhanced barrier precautions.</p> <p>On 6/12/24 at 1:02 PM, an interview was conducted with the facility's Director of Nursing (DON) regarding the sign for contact/droplet precautions on R118 and R16's door. They said it should not be there and they were only on enhanced barrier precautions. Further, the DON was asked about R85's order for EBP and said it should have been initiated upon admission due to them being on dialysis.</p> <p>34275</p> <p>R25</p> <p>On 6/10/24 at approximately 10:42 AM , an EBP sign was observed on R25's door. The same signage was noted on the resident's door on 6/11/24 and 6/12/24.</p> <p>A review of R25's clinical record revealed the resident was initially admitted to the facility on [DATE] with diagnoses that include chronic respiratory failure, peripheral vascular disease and neoplasm of the breast. The resident was noted as being cognitively intact. Continued review of the resident's record noted an order dated 6/1/4 that noted that R25 was to receive an antibiotic (Doxycycline) for Impetigo (a skin infection caused by streptococcus or staphylococcus bacteria that is contagious and spread by person-to-person).</p> <p>Continued review of R25's records did not contain any orders that indicated the resident had a change in infection control precautions.</p> <p>On 6/12/24 at approximately 12:00 PM, Unit Manager Nurse I was asked as to why R25 was on EBP. They reported that to their understanding the resident was on EBP because they had a catheter in place. When asked if they were aware that the resident had Impetigo, Nurse I reported that they were not aware. When asked what precautions a resident, including R25, with impetigo should be receiving, Nurse I reported that they were uncertain and recommended that the Surveyor reach out to the Nurse J who is in charge of infection control (IC) practices.</p> <p>On 6/12/24 at approximately 1:02 PM, an interview was conducted with the DON as it was noted the IC Nurse J was out on leave. When asked if they were aware that R25 was being treated for Impetigo. The DON indicated that this may have happened to the resident in the past. When asked what type of precautions the resident should be on, the DON responded that R25 should have been placed on contact precautions.</p> <p>38271</p> <p>R43</p> <p>(continued on next page)</p>		

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 06/12/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/10/24 at approximately 10:08 a.m., R43 was observed in their room, up in their bed. R43 was queried if they were on dialysis services, and they indicated that they were. R43 was queried if the Nursing staff were assessing their dialysis access site and they indicated that they do not assess it on a regular basis. R43 was queried if staff wear protective equipment such as gowns when they come into their room and they reported they did not. At that time, no signage was observed near or on R43's door indicating they should have enhanced barrier precautions while being provided care.</p> <p>On 6/11/24 at approximately 10:09 a.m., R43 was observed in their room, laying in their bed. R43 was queried if the nursing staff have recently assessed their dialysis access site and they reported sometimes, not every day or anything. R43 was queried if the staff are wearing gowns when they provide care to them and they indicated that they do not. At that time, no signage was observed near or on R43's door indicating they should have enhanced barrier precautions while being provided care.</p> <p>On 6/10/24 the medical record for R43 was reviewed and revealed the following: R43 was initially admitted to the facility on [DATE] and had diagnoses including End stage renal disease, Dependence on renal dialysis and Congestive heart failure. A review of R43's MDS (minimum data set) with an ARD (assessment reference date) of 5/20/24 revealed R43 needed assistance from staff with their activities of daily living. Section O indicated R43 was on dialysis.</p> <p>Further review of the medical record did not reveal any Physician orders for enhanced barrier precautions.</p> <p>49083</p> <p>R116</p> <p>On 6/11/24 at 11:07, an observation of R116's PEG (Percutaneous Endoscopic Gastrostomy) site was conducted with Licensed Practical Nurse (LPN) A. LPN A donned gloves and continued to attempt a dressing change with an infected PEG tube without properly following Enhanced Barrier Precautions (EBP) and applying a gown.</p> <p>LPN A was prompted of the EHB Precautions and acknowledged the precautions were not completely followed. LPN A remarked she was rushing then proceeded a second time to change the dressing without donning a gown.</p> <p>Clinical record review revealed R116 was admitted to the facility on [DATE] with a diagnosis of cerebral infarct (stroke) resulting in left sided weakness, dysphagia (difficulty swallowing food, liquid), aphasia (impaired ability to use comprehend language), (PEG).Psychiatric history includes schizoaffective disorder. Brief Interview for Mental Status (BIMS) score was 5/15 indicating R116 had severe cognitive impairment.</p> <p>On 6/11/24 at 12:42 PM, the DON was informed LPN A required prompting two times regarding EHB precautions. The DON acknowledged nursing are provided weekly reminders of this precaution and there is no reason why this was not followed.</p>		