

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235319	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER Regency at St Clair Shores		STREET ADDRESS, CITY, STATE, ZIP CODE 22700 Greater Mack Ave Saint Clair Shores, MI 48080	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49699</p> <p>This citation pertains to Intake MI00146820.</p> <p>Based on observation, interview and record review, the facility failed to ensure resident safety for one (R800) of one resident resulting in a fall with bruising. Findings include:</p> <p>R800 was admitted [DATE] with medical diagnoses of hypertension, cerebral vascular accident (stroke) with left hemiparesis, cerebral edema, falls, seizure disorder, hyperlipidemia, left auricular hematoma, obesity, osteoarthritis, and coronary artery disease. R800's Basic Interview for Mental Status is a 12/15 indicating moderate cognitive impairment.</p> <p>On 9/11/24 at 10:23 AM, a phone call to the (Patient Representative) PR, revealed R800 sustained bruising of head, ribs, and elbow without any permanent injuries. The PR further revealed R800 was also found to have pneumonia and a urinary tract infection. The PR revealed R800 had fluid removed from lungs and was on antibiotics for the urinary tract infection. The PR further revealed R800 was now residing in an alternative facility.</p> <p>A record review on 9/11/24, revealed on 9/1/24 at 5:49 AM, Certified Nursing Assistant (CNA) A was performing the last bed check of her shift. While turning R800, R800 fell from the bed to the floor opposite where CNA A was standing. R800 was assessed by Registered Nurse (RN) F after the fall . R800 was found to have an elevated blood pressure of 176/82, Pulse 72, Respirations 20, Temperature 97.8 degrees Fahrenheit and a Pulse Oximetry of 96% while on oxygen via Nasal Cannula. R800 was found stable enough to be transferred back to her bed with the use of a mechanical lift and two persons to assist. R800 reported she hit her head and a hematoma (bruise) was noted on her right lower leg. The Nurse Practitioner, Director of Nursing (DON), and R800's Patient Representative were notified.</p> <p>The facility record documented R800 said, When I was turning in the bed, the bed moved and I rolled off the side of bed hitting my head.</p> <p>The care plan for functional ability deficit for Bed Mobility and Transfers, initiated on 2/14/24, R800 requires substantial/maximal assistance with two helper(s) and mechanical lift. This is including rolling side to side, lying to sitting on the side of bed.</p> <p>A review of R800's Kardex (a guide the CNA's use to guide resident care) revealed resident was to have 2 persons for bed mobility, personal hygiene, transfers, and toileting.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/11/24 at 11:00 AM, an interview with the DON confirmed the expectation is for CNA's to follow the Kardex and facility policies.</p> <p>A review of the policy Routine Resident Care contains the following, Residents receive the necessary assistance to maintain good grooming and personal/oral hygiene. Steps are taken to ensure that a resident's capacity for self-performance of these activities does not diminish Care is taken to ensure resident safety at all times.</p> <p>A review of the Fall Management Policy, Last Approved 8/18/22 revealed the General Policy Statement The facility will identify hazards and guest/resident risk factors and implement interventions to minimize falls and risk of injury related to falls.</p> <p>During the onsite survey, past noncompliance (PNC) was cited after the facility implemented actions to correct the noncompliance which included:</p> <ol style="list-style-type: none"> 1. The identification of like residents who require 2 person assist for bed mobility 2. Audit like residents to ensure number of personal assists is accurate 3. Audit like residents to ensure staff are following the bed mobility plan of care <p>Measures systemic changes made to ensure that deficient practice will not occur and affect others</p> <ol style="list-style-type: none"> 1. Nursing staff re-educated on following the Kardex. 2. Nurse staff re-educated on assisting CNA's with residents who require 2 person assist. <p>How facility monitors its corrective actions to ensure same deficient practice is corrected and will not recur.</p> <ol style="list-style-type: none"> 1. The Director of Nursing or the Nursing Home Administrator will review 10 residents who require 2 person assist, to ensure that mobility is completed properly weekly for 4 weeks, then monthly for 3 months. Findings will be reported to the QA&A committee monthly for 3 months. <p>Date of compliance 9/5/24.</p> <p>The facility was able to demonstrate monitoring of the corrective action and maintained compliance.</p>		