

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 04/15/2025
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 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** 49102</p> <p>This citation is pertaining to Intake MI00151818.</p> <p>Based on interview and record review, the facility failed to schedule and coordinate follow up appointments as recommended for one resident (R700) of one resident reviewed for coordination of care. Findings include:</p> <p>A record review on 4/15/25 revealed R700 was admitted into the facility on [DATE] with diagnoses that included Malignant Otitis Externa (unspecified ear), Acute Osteomyelitis, Cholesteatoma of External Ear, Chronic Obstructive Pulmonary Disease and Heart Failure. Per the clinical discharge summary from the hospital, it was recommended R700 followup with physician for Otolaryngology (ear specialist) Surgery within 3-7 days and Urology (for urinary retention) within one week. Further review with nursing staff about the process of following up with appointments revealed the scheduler/central supply person (Staff A) is responsible for making the appointments.</p> <p>Further record review revealed on 4/1/25, R700 was discharged to hospital per family request due to bleeding from nose and ears.</p> <p>On 4/15/25 at 12:15 PM, an interview occurred with Staff A regarding the process of scheduling hospital recommended follow up appointments for R700. Staff A said, I make the residents' appointments based on the information sent on admission. I don't remember any ear appointments. Sometimes there is no (appointment times) availability. When asked if making the appointment attempt was documentation, Staff A stated there is no documentation.</p> <p>On 4/15/25 at 1:30 PM, an interview was held with the Director of Nursing (DON) regarding follow up appointments. She stated that the scheduler handles appointments based on information received from admissions department. When asked about documentation of the appointments or follow up for R701, DON stated that there was no documentation.</p> <p>On 4/15/25 at 1:37 PM a facility policy for coordination of appointments was requested and it was not received by the end of the survey.</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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