

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  06/27/2024
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 0574</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>The resident has the right to receive notices in a format and a language he or she understands.</p> <p>50223</p> <p>Based on observation, interview, and record review the facility failed to post ombudsman contact information in an accessible area affecting all 124 residents that reside in the facility. Finding include:</p> <p>On 06/26/27 at 1:15 PM, the attendees of the resident council meeting were asked if they knew who their ombudsman was and how to contact them. None of the meetings' attendees knew who their ombudsman was, how to contact them, and they denied seeing any postings of the information in the facility.</p> <p>On 06/27/24 at 08:53 AM, during an interview when the Activities Director (AD O) was asked if they knew who the facility's ombudsman was, AD O explained they did not know who the ombudsman was and had never seen them. When AD O was asked if the ombudsman contact information was posted in the facility AD O responded they have worked at the facility for two years and did not know if it is posted and had never seen it. AD O explained they gave the residents the ombudsman contact information they had obtained from another facility where they were previously employed.</p> <p>On 06/27/24 at 09:21 AM during an interview, the facility's administrator (NHA) was asked where the ombudsman contact number was posted. NHA indicated to a poster in the vestibule between the two sets of entrance doors which contained the general number for the ombudsman program.</p> <p>On 06/27/24 at 11:00 AM, an unidentified staff member was observed hanging a framed poster listing various addresses and phone numbers including the general phone number for the ombudsman program behind one of the second floor nurses station desks.</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 0574</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>A review of the facility's policy titled Required Regulatory Postings states The facility posts the total number and actual hours worked of licensed and unlicensed nursing staff directly responsible for guest/resident care for each shift. The information will be displayed in a prominent location that is clearly visible and accessible by guests/residents, family and staff. The facility will provide a posting of names, addresses, and telephone numbers of all pertinent State Client advocacy groups, per regulatory guidelines. 1. The facility will post information as detailed above, for the following groups as required by regulations a. The State Survey Agency b. The State Licensing Office c. The State Ombudsman Program d. The Protection and Advocacy Network i. Refers to the system established to protect and advocate the rights of individuals with developmental disabilities specified in the Developmental Disabilities Assistance and [NAME] of Rights Act and the protection and advocacy system established under the Protection and Advocacy for Mentally Ill Individuals Act. e. The Medicaid Fraud Control Unit 2. The facility will post a statement that the resident may file a complaint with the State survey and certification agency concerning abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements. 3. Data will be posted in a clear and readable format, in a prominent place readily accessible to guests/residents and visitors.</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>49699</p> <p>Based on observation, interview, and record review, the facility failed to ensure a comprehensive care plan for an abdominal drainage tube was initiated within 48 hours of admission for one (R340) of one residents reviewed for care plans. Findings include:</p> <p>On 6/25/2024 at 9:20 AM, observed R340 sitting bedside in a wheelchair in a private room. R340 was noted with an ostomy bag showing from the bottom of the resident's shirt. R340 also had a drainage tube from the mid lower abdomen connected to a drain (a collection device that provides continuous suction to remove excess fluid). The collection device was hanging on R340's walker.</p> <p>On 6/25/2024 a record review revealed there was not a physician order or comprehensive care plan that included care of the drainage tube.</p> <p>On 6/26/2024 at 12:11 PM, R340 revealed the ostomy bag was changed last night but the drainage bag was not emptied.</p> <p>On 6/27/1014 at 11:35 AM, R340 related their drain had not been emptied until they emptied it at 4 PM last evening.</p> <p>On 6/27/2024 at 12:00 PM an interview with the DON revealed the expectation that the drain would have a care plan to meet its specific needs.</p> <p>A review of the policy titled Care Planning, last revised on 6/24/2021 revealed every resident will have a person-centered Plan of Care developed and implemented that is consistent wit the resident rights, based on the comprehensive assessment . The policy further reveals a Baseline Care Plan will be developed within 48 hours identifying any immediate needs .</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50223</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident was involved in their plan of care and care conference meetings for one (R20) out of one residents reviewed for care planning meetings. Finding include:</p> <p>On 06/25/24 at 10:14 AM, R20 stated, they have a guardian they have never met, and they don't know how long they've been in the facility or what their plan of care is. R20 was asked if they had ever attended their care conferences. R20 explained they don't know anything about care conferences and they have never attended.</p> <p>On 06/26/24 at 1:15 PM, during the resident council meeting R20 indicated again they are not sure who their guardian is and they don't know what happened to their apartment and belongings before coming to the facility. R20 also indicated they don't have access to their money or able to purchase things they may need.</p> <p>On 06/27/24 at 7:57 AM, R20 was observed in bed. R20 was observed indicated they had a new piece of paper on their overbed table that noted, the name and contact information for their legal guardian. The letter also indicated . If you are interested in a gift card to purchase items, his office can send you one . R20 stated, they are not sure who left the letter there and that this was the first time they have been told who their guardian was.</p> <p>On 06/27/24 at 8:32 AM, during an interview Social Worker (SW M) explained, R20 has asked repeatedly about their property and belongings and they have called R20's guardian. SW M stated, they have left voicemails for the guardian and they have not responded. SW M was asked if R20 was part of their care conferences and SW M stated, No.</p> <p>On 06/27/24 at 11:07 AM, call placed, voicemail left, and email sent to guardian. The guardian did not return a call back by the end of this survey.</p> <p>On 06/27/24 at 12:44 PM, during an interview SW M was asked what is the next step when they cannot get in touch with R20's guardian. SW M stated They always respond to us. Sometimes it takes a couple days SW M then explained another social worker sent an email to R20's guardian yesterday regarding R20's questions about their property and belongings and the guardian has not responded.</p> <p>A review of R20 medical record revealed, R20 was admitted to the facility on [DATE] with the following diagnoses: unspecified dementia; polyosteoarthritis; muscle wasting and atrophy; foot drop. A review of the Minimum Data Set assessment revealed a BIMS score of 15/15 indicating no cognitive deficit. Further record review reveals a Letter of Full Guardianship for R20 was signed 7/1/2021.</p> <p>A review of R20's care conference sign in sheets revealed, R20 and guardian attendance as follows:</p> <p>-7/28/23, R20 was not in attendance and guardian was attempted to be contacted via phone with a voicemail left.</p> <p>(continued on next page)</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-1/26/24 R20 was not in attendance and guardian was not in attendance nor contacted via phone.</p> <p>-4/26/24 revealed that R20 was not in attendance and guardian was attempted to be contacted via phone with voicemail left.</p> <p>A review of the facility policy titled Care Planning Conference indicates the following: On Admission, Quarterly, Annually, with a Significant Change and as needed, the interdisciplinary team will hold a care planning conference with the resident, family or representative in participation. The Care Conference will be used to identify the resident's potential or actual problems, needs, goals and discharge. 2. A written invitation will be sent to the resident and/or family at least a week prior to care conference or as much in advance as possible. 3. Efforts will be made to increase family/resident participation such as telephone conference calls, in room conferences etc. Ensure privacy and HIPAA regulations are adhered to. 4. In addition to the advance invitation, the resident will be notified and invited to attend the care conference on the care conference date. A staff member will assist the resident to the care conference room as needed. 7. The recommended members of the interdisciplinary team care conference may include: Nursing Representative, Social Services, Activities, Dietary, Nurse Assistant, Resident, Family and/or responsible party, Therapy as needed. 17. A summary of the residents plan of care will be provided to the resident &amp;/or resident representative.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>50223</p> <p>Based on observation, interview, and record review, the facility failed to provide timely incontinence care for dependent residents resulting in moisture associated skin damage (MASD) for one (R110) out of one resident reviewed for incontinence care. Findings include:</p> <p>R110</p> <p>On 06/25/24 at 1:13 PM, R110 was observed lying in bed on their back. An interview was conducted with R110 at that time. R110 explains they previously had a left leg amputation and cannot walk. R110 states the staff will only occasionally get them up into a chair but even when they do get them out of bed they leave them sitting up for a long period of time. R110 explains they developed a fungal rash on their buttocks from being left wet. R110 explained that wound care sees them once per week and ordered a powder and a cream for the rash but explained the staff cannot find the powder or the cream so they have not been using it. R110 explained they had to buy their own cream and keep it in their drawer. R110 explained the midnight shift does not check on them until 5:30 in the morning.</p> <p>On 06/26/24 at 08:36 AM and at 9:30AM, R110 was observed sleeping in bed on their back.</p> <p>On 06/26/24 at 10:46 AM, an unidentified staff member was observed changing R110s brief which was observed to be wet. An interview with R110 was conducted at that time. R110 was asked when they were last changed. R110 stated they were last changed at 4:45 AM. R110 was asked if the staff used the barrier cream and antifungal powder. R110 explained that staff used cream and powder just now but not at 4:45AM. R110 further explained the powder is a prescription so it had to be administered by the nurse.</p> <p>On 06/26/24 at 3:21 PM, R110 was observed lying in bed on their back. R110 was interviewed and asked if they were wearing a brief and if it was wet. R110 stated their brief is wet and needed to be changed.</p> <p>On 06/26/24 at 03:32 PM, R110 was observed being changed by two unidentified staff members. No cream or powder was observed to be on R110's skin when their brief was removed. When staff members rolled R110 to the side R110 stated that feels nice being in a different position for a change. R110 was observed to have MASD with multiple open sores extending from their bilateral upper buttocks down to the top of their thighs and extending throughout their groin and perineal area with satellite lesions noted to upper back and down inner thighs.</p> <p>On 06/26/24 at 03:37 PM, wound care nurse (LPN F) entered the room. LPN F was observed applying cream and powder to R110s MASD from upper buttocks to upper thighs. R110 states it burns and itches. LPN F was asked how often R110 should be getting the cream and powder applied. LPN F explained the cream and miconazole powder is to be used daily and as needed with pericare. LPN F explained that the treatment items are kept in the treatment cart. LPN F was asked how the aides would be able to use the cream and powder with each episode of pericare with incontinence if they are locked in the treatment cart. LPN F stated that R110 bought their own zinc cream they keep in their drawer but we don't rely on using that.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/27/24 at 08:16 AM R110 was observed sitting up in bed. R110 was interviewed and asked if their brief was wet. R110 stated that it was wet and pulled their sheet back. R110s brief was observed to be wet. R110 was asked when the last time they were changed was. R110 stated Im not sure. I don't think they changed me at all last night. I don't remember being woken up. R110 was asked if they prefer to wear a brief in bed. R110 explained that they do not prefer to wear a brief in bed and stated they won't let me go without one in bed because I'm on a water pill.</p> <p>On 06/27/24 at 08:26 AM, certified nurse assistant (CNA L) was interviewed and asked what a typical morning routine is for a CNA. CNA L explains they get to work at 6:53 AM, they pass ice water, do a resident's shower, start getting residents up, pass breakfast, pull residents up in bed, pick up breakfast trays, then continue getting residents up and out of bed. CNA L was asked when they check on incontinent residents. CNA L stated they check on them first to see if midnights changed them or not. CNA L confirmed, sometimes midnights is short and people are gonna be wet. It's a 24 hour facility and I just do my job.</p> <p>On 06/27/24 at 09:49 AM, R110 was observed lying in bed on their back. R110's brief was observed to still be wet. R110 was interviewed and asked if they had been changed since the last interview. R110 confirmed their brief still has not been changed. Urine soaked top sheet and pad was observed to be on the floor next to the dresser. R110 was asked why the sheet was on the floor. R110 explained the occupational therapist was just in the room and changed the sheet and pad so it wasn't soaked anymore. R110 stated they never changed me last night. CNA P was asked if the resident's are wet when day shift starts to whcih she said, Yes! We come in and everyone is soaked. CNA P offered to change R110 who stated I hope so because that's why I have this rash and I want to get better.</p> <p>On 06/27/24 at 10:20 AM, the Director of Nursing (DON) was interviewed and asked if all residents wear briefs all the time. The DON stated not everyone wears briefs. We also have pull ups. It depends on the resident. The DON was asked if incontinent residents should be wearing briefs in bed. The DON stated yes, so it stays in one area and so they can be provided incontinence care. The DON was asked if R110 should wear a brief in bed considering their MASD. The DON explained that it is R110's preference to wear a brief and if they don't want to they don't have to.</p> <p>A review of R110's record revealed the following: active order dated 6/20/2024 Antifungal External Powder 2 % (Miconazole Nitrate (Topical) Apply to Groin, sacrum topically one time a day for MASD, fungal infection. Active order dated 6/20/2024 Cleanse sacral wound with NS. Apply chamosyn ointment to wound, then antifungal powder over that and leave open to air with no dressing. every day shift AND as needed for brief changes.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further record review revealed wound care progress notes as follows: wound care progress note dated 6/19/24: MASD, fungal infection noted to bottom and groin. Upon assessment, area with moderate to severe excoriation. Patient does endorse pain at site. Area is highly moist due to episodes of incontinence. New treatment orders placed in PCC (point click care documentation program). Discussed discontinuation of personal zinc cream purchased. Reviewed wound progress and treatment options. wound care progress note dated 6/12: MASD and fungal infection to bottom. Area slightly worse from previous week. Discussed treatment of chamosyn and antifungal powder x 7 days. wound care progress note dated 6/5:MASD and fungal infection to bottom. Area slightly worse from previous week. Discussed treatment of chamosyn and antifungal powder x 7 days. Patient requesting to try own zinc cream before initiating provider treatment orders. Wound care progress note dated 5/29: Per staff increased redness on bottom and groin area. On call provider ordered nystatin, will add zinc paste in addition to orders for MASD. Wound care progress note dated 5/22: no mention of fungal rash or MASD</p> <p>Review of R110s care plan revealed the following: Provide incontinence care with each incontinent episode and apply moisture barrier cream/ointment per facility policy/orders. (R110) is incontinent of bladder &amp; bowel. Will have minimized risk for complications r/t incontinence through next review date Date Initiated: 04/20/2023 Target Date: 07/24/2024 BRIEF USAGE: Resident uses disposable briefs. Change frequently/prn.</p> <p>Further record review revealed no progress notes about refusal of incontinence care for the last 30 days.</p>		

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<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49699</p> <p>This citation has two Deficient Practices.</p> <p>Deficient Practice Statement #1.</p> <p>Based on observation, interview and record review, the facility failed to initiate care orders and monitor an accordion drainage device (a collection device connected to a drain that allows for continuous suction) for one of one (R340) residents reviewed for care. Findings include:</p> <p>On 6/25/2024 at 9:20 AM, R340 was observed in room sitting at bedside in chair. R340 was observed to have an ostomy bag hanging below the shirt hem and with a drain, also visible below shirt hem connected to an accordion drainage system. R340 revealed they and a fissure between the bowel and bladder, that caused an abscess that is being drained. R340 revealed they were admitted after having had surgery and receiving a temporary ostomy. R340 also revealed there was an abdominal abscess that was being drained into an attached bag, R340 revealed no one had emptied the drain since leaving the hospital. It currently contained 40 ml (milliliters) of medium brown, nectar thick liquid.</p> <p>A review of R340's medical record revealed, R340 was admitted to facility on 6/21/2024 with relevant diagnoses of vesicointestinal fistula, gastro-esophageal reflux disease, diverticulitis of large intestine, rheumatoid arthritis, abdominal abscess with drain, diverting colostomy. R340 is alert and oriented to person, place, time, and situation.</p> <p>On 6/25/2024 a record review of hospital transfer records, physician admission note, and nursing comprehensive evaluation identified the presence of a drain.</p> <p>On 6/27/2024 an interview with the Director of Nursing (DON) revealed her expectation would be any medical devices need to have a physician's order to initiate care of that device.</p> <p>50223</p> <p>Deficient Practice Statement #2</p> <p>Based on observation, and record review, the facility failed to apply compression stockings and ace wraps to two residents (R20 and R64) out of two reviewed for edema. Findings include:</p> <p>R20</p> <p>On 06/25/24 at 10:14 AM, R20 was observed lying in bed. R20 was interviewed and explained their legs swell by the end of the day and are painful. R20 explains they are supposed to wear compression stockings but nobody puts them on. No compression stockings were observed in their room.</p> <p>On 06/26/24 at 08:40 AM, R20 was observed lying in bed eating breakfast with bilateral lower extremity edema observed and without compression stockings.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/26/24 at 1:05 PM, R20 was observed sitting in their wheelchair at the resident council meeting with bilateral lower extremity edema noted without compression stockings on.</p> <p>On 06/27/24 at 07:57 AM R20 was observed in bed with edema and foot drop to their bilateral lower extremities without compression stockings. R20 was interviewed and explained their compression stockings are too small, and no one can put them on.</p> <p>On 06/27/24 at 09:58 AM R20 was observed still in bed without compression stockings on.</p> <p>A review of R20s record revealed R20 was admitted to the facility on [DATE] with the following diagnosis: unspecified dementia; polyosteoarthritis; muscle wasting and atrophy; foot drop; congestive heart failure; personal history of venous thrombosis and embolism. A review of the Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 15/15 indicating no cognitive deficit. R20 also required assistance with bed mobility and transfers.</p> <p>A review of R20s orders revealed the following: Active order dated 3/22/2024 Compression Stockings: ON in AM, OFF in PM</p> <p>A review of R20's care plan revealed the following: (R20) is at risk for cardiac complications r/t (related to multiple cardiovascular diseases: CHF (congestive heart failure), CAD (coronary artery disease), HTN (hypertension (high blood pressure) and a fib (atrial fibrillation-irregular heart rhythm) (R20) will have minimized risk factors for cardiovascular distress through the review date. Observe/document/report to MD (medical doctor) PRN (as needed) any s/sx of cardiac distress: chest pain or pressure, heartburn, nausea and vomiting, shortness of breath, excessive sweating, dependent edema (swelling), changes in capillary refill, color/warmth of extremities.</p> <p>Further record review revealed nursing progress note dated 05/29/24 documented Lower legs elevated for swelling due to edema. A Physician progress note dated 06/25/24 noted bilateral lower extremity edema.</p> <p>R64</p> <p>On 06/25/24 at 01:23 PM, R64 was observed sitting in their wheelchair without footrests or ace wraps. Bilateral lower extremity edema observed. R64 was interviewed and was asked if they had any concerns. R64 stated their legs are swollen and painful and the swelling is not being treated. R64 states they elevate their own legs on pillows when they're in bed.</p> <p>On 06/26/24 at 08:45 AM, R64 was observed lying in bed without ace wraps with bilateral lower extremity edema observed. R64 was interviewed and stated their legs are hurting, and they can't get the edema under control. When asked if they elevate their legs when they are out of bed R64 says they do not have leg rests for their wheelchair to keep them elevated when they're out of bed.</p> <p>On 06/26/24 at 10:53 AM R64 was observed sitting in their wheelchair without ace wraps with bilateral lower extremity edema noted.</p> <p>On 06/27/24 at 0934 AM, R64 was observed sitting in their wheelchair with their legs propped up on a chair without ace wraps. Bilateral lower extremity edema observed to remain unchanged.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of R64's record revealed they were admitted to the facility on [DATE] with the following diagnosis: parkinsons; osteoarthritis; generalized muscle weakness. A review of the Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 15/15 indicating intact cognitive function. R64 also required assistance with bed mobility and transfers.</p> <p>Further record review of R64's orders revealed the following: active physician's order dated 6/10/24 Please apply ace wraps to bilateral feet, ankle, and lower legs one time per day for edema</p> <p>Further review of R64's record revealed physician progress notes as follows: physician progress note dated 06/10/24 stating the patient reports (they) do not like wearing compression stockings. The patient reports (they) would rather have (their) feet and legs wrapped with ace wraps. Physician progress note dated 06/25/24 notes a diagnosis of R60.0- localized edema: bilateral lower leg swelling. assessment and plan: wrap lower extremities with ace wraps.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34851</p> <p>Based on observation, interview, and record review, the facility failed to change a pressure ulcer dressing for one resident (R44) out of eight reviewed for pressure ulcers. Findings include:</p> <p>On 6/25/24 at 9:22 AM, R44 was observed in bed asleep with their breakfasts tray on the bedside table.</p> <p>On 6/26/24 at 8:33 AM, R44 was observed in their wheelchair with their meal. R44 reported no issues.</p> <p>On 6/57/24 at 8:11 AM, a Concern Party (CP) revealed, they were concern about the care that R44 has received at the facility. The CP explained, R44 has developed a pressure ulcer and they are not doing the wound care treatments as ordered.</p> <p>On 6/27/24 at 8:28 AM, R44 was observed in the bed. A skin observation was made. R44's right hip was observed with a skin wound area of approximately 1.5 inches x 1 inch oval. The wound was uncovered and had no trace of any cream/treatment. The CP reported they notified R44's assigned nurse the wound was not covered. The assigned nurse was observed to enter the room with a wound treatment for R44's wound. The nurse was asked if R44's wound should be covered and stated, Yes.</p> <p>A review of R44's medical record revealed, R44 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses of Dementia, Alzheimer's Disease, and Syncope and Collapse. A review of R44's Minimum Data Set assessment dated , 5/8/24 noted R44 with a severely impaired cognition and the requirement of staff to complete activities of daily living. R44's skin was noted at risk for the development of a pressure ulcers and to be without any unhealed pressure ulcers/skin injuries.</p> <p>A review of R44's care plan noted, Focus: [R44] is at risk for impaired skin integrity R/T (related to): impaired bed mobility, incontinence, Anemia, Renal Failure, PVD, Failure to Thrive.</p> <p>Date Initiated: 04/27/2024. Goal: Will have minimized risk for skin breakdown through next review date. Date Initiated: 05/14/2024. Interventions: Follow facility policies/protocols for the prevention/treatment of impaired skin integrity. Date Initiated: 04/27/2024. Provide assistance to reposition frequently and as needed. Date Initiated: 05/01/2024. Provide incontinence care with each incontinent episode and apply moisture barrier cream/ointment per facility policy/orders. Date Initiated: 05/10/2024 . [R44] has Actual impairment to skin integrity R/T impaired bed mobility, diagnosis of failure to thrive. Returned from hospital on 6/14/2024 with an Allevyn dressing to her right hip. Date Initiated: 05/14/2024. Goal: Will have no complications r/t open wound to right hip area through the review date. Date Initiated: 05/14/2024. Interventions: Provide incontinent care and use moisture barrier treatment as needed after incontinent episodes. Date Initiated: 06/16/2024. Treatment to skin impairment per order .</p> <p>A review of R44's Braden Scale for Predicating Pressure Sore Risk dated, 6/18/24 noted, R44 as a low risk.</p> <p>(continued on next page)</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of R44's Skin and Wound Evaluation dated, 6/24/24 noted, Describe: Pressure, Stage 2: Partial-thickness skin loss with exposed [NAME], Location Front Right trochanter (hip), lateral. Acquired (blank, not completed). Wound measurements: Area: 3.5 cm, Length: 2.8 cm, Width 1.8 cm, Depth, Undermining, Tunneling: not applicable. Wound Bed: Epithelial 100% of wound covered, surface intact .</p> <p>A review of R44's Treatment Administration Record (TAR) for the month of June 2024 noted, Cleanse area on right hip with NS, pat dry, apply thin layer of zinc oxide cream and leave open air. Start date: 6/16/24 and discontinued 6/24/24. Celanese right hip with SS; pat dry. Apply silvasorb gel and island dressing. Change QOD and PRN. every day shift every other day. Start dated: 6/24/24. Cleanse right hip with SS; pat dry. Apply silvasorb gel and island dressing. Change QOD and PRN (as needed). Start date: 6/27/24.</p> <p>A review of the facility's policy titled, Skin Management dated, 5/14/2024, noted Policy: It is the policy that the facility should identify and implement interventions to prevent development of Clinically unavoidable pressure injuries. Overview: Residents with wounds and/or pressure injury and those at risk for skin compromise are identified, evaluated and provided appropriate treatment to promote prevention and healing. Ongoing monitoring and evaluation are provided to ensure optimal guest/resident outcomes .</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50223</p> <p>Based on observation, interview, and record review, the facility failed to apply prafo boots (custom-fitted device that can help manage ankle/foot anomalies) to two residents (R77 and R20) out of two residents reviewed for range of motion. Findings include:</p> <p>R77</p> <p>On 06/25/24 at 10:36 AM, R77 was observed in bed. Prafo boots were observed on the floor next to the dresser.</p> <p>On 06/26/24 at 08:49 AM, R77 was observed in bed eating breakfast with the prafo boots noted on the floor. R77 was asked if they wear the boots, R77 explained, they wear the boots when the staff put them on. R77 said the staff put the boots on several times per month. R77 was observed to reference their phone and then stated the last time therapy worked with them was May 6, 2024 and they put the boots on at that time.</p> <p>On 06/27/24 at 09:35 AM, R77 was observed in bed with their prafo boots observed on the floor next to the dresser.</p> <p>On 06/26/24 at 02:20 PM, during an interview, Physical therapist (PT H) was asked about R77's therapy. PT H explained, R77 was discharged from therapy in March and put on the restorative program which is done by two restorative aides usually three days per week and is managed by nursing. PT H explained restorative reports to therapy if there are any changes in the resident's care and they could be picked up during the quarterly screens if needed.</p> <p>On 06/26/24 at 02:30 PM, during an interview, PT I was asked about R77's therapy, PT I stated that R77 started physical therapy in April 2021 during which R77 walked 5 feet with max assist. PT I confirmed that R77 was discharged from PT in March 2024. PT I stated I was just notified this morning that R77's prafo boots were broken.</p> <p>On 06/27/24 at 10:06 AM, during an interview, Restorative Coordinator (RC J) was asked about R77's restorative care. RC J explained R77 started the restorative program on March 7, 2024. RC J said R77 is supposed to wear the prafo boots up to 5 hours per day as tolerated and sometimes R77 refuses. RC J said the restorative aides have told them R77 has been wearing them and is getting better at wearing them. RC J was asked about documentation regarding the refusals for R77. RC J was observed to reviewed some documentation and said R77 refused to wear the prafo boots on June 17th and explained they did not have any other documentation about prafo boots for the current week.</p> <p>A review of R77's task list for the prafo boots noted documentation of application of only five times in last 30 days, and a total of three days that were documented as resident refusal.</p> <p>(continued on next page)</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of R77's medical record revealed, that R77 was admitted into the facility in 04/16/2021 with a diagnosis of spinal stenosis; need for assistance with personal care; and myasthenia gravis with acute exacerbation. A review of the Minimum Data Set (MDS) assessment revealed a Brief Interview for Mental Status (BIMS) score of 13/15 indicating an impaired cognitive function.</p> <p>Record review of R77's orders reveal active orders as follows: active order dated 12/13/2023 by PT K patient to wear bilateral PRAFO boots per splint schedule to manage bilateral foot drop contracture deformity signed by physician 12/20/23. Active order dated 5/2/24 by RCJ restorative program coordinator stated prafo bilateral ankle 4-5 hours daily or as tolerated signed by physician 5/2/24.</p> <p>Further record review of R77's last physical therapy evaluation and also R77's physical therapy discharge summary both indicate a recommendation for prafo boots 5 hours per day 5 days per week to facilitate patient maintaining current level of performance and in order to prevent decline.</p> <p>A review of R77's care plan indicated the following: (R77) has potential decline in mobility/physical functioning R/T (related to) muscle weakness. (R77) will maintain maximum level of mobility/physical functioning through next review date. Monitor for, document, and report any adverse effects of brace/splint wearing.</p> <p>Record review also reveals a task list for the prafo boots which shows documentation of application of five times in last 30 days and a total of three days that were documented as resident refusal.</p> <p>R20</p> <p>On 06/25/24 at 10:14 AM, R20 was observed lying in bed. R20 was interviewed and indicated they can't walk because of the pain in their legs. During the interview prafo boots observed on top of pile of belongings next to dresser.</p> <p>On 06/26/24 at 08:40 AM, R20 was observed in bed eating breakfast the prafo boots were observed on top of a pile of belongings next to the dresser.</p> <p>On 06/27/24 at 07:57 AM, R20 was observed in bed and the prafo boots were observed on the floor by the dresser. R20 was asked how often they wear the boots. R20 said they (staff) used to put the boots on them for 5-6 hours at a time and now they don't put them on anymore. R20 was observed with edema and foot drop to their bilateral lower extremities. When R20 was asked if they were able to flex their ankle, R20 was observed to try to flex their ankle but was unable to and stated I think that's what the boots are supposed to be for.</p> <p>On 06/27/24 at 09:58, R20 was observed in bed. The prafo boots remained on floor in the same place next to the dresser.</p> <p>A review of R20s record revealed that R20 was admitted to the facility on [DATE] with the following diagnosis: unspecified dementia; polyosteoarthritis; muscle wasting and atrophy; foot drop. A review of the Minimum Data Set assessment revealed a BIMS score of 15/15 indicating no cognitive deficit.</p> <p>Record review of R20's orders revealed the following: active order dated 5/28/2024 by Licensed Practical Nurse (LPN) J documents, Wear Bilateral PRAFO's up to 6 hours daily or as tolerated.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further record review of R20's last physical therapy evaluation and also R20's physical therapy discharge summary both indicate a recommendation for prafo boots 6 hours per day 5 days per week to manage foot drop and to reduce the risk of further contracture deformity.</p> <p>A record review of R20's care plan revealed the following: (R20) has potential for decline in mobility/physical functioning related to weakness. (R20) will maintain maximum level of mobility/physical functioning through next review date. Monitor for, document, and report any adverse effects of brace/splint wearing. Monitor for, document, and report any changes in (R20) mobility/physical function.</p> <p>Further review revealed a task list for the prafo boots which shows documentation of application of only seven times in last 30 days and a total of one day that was documented as resident refusal.</p> <p>On 06/27/24 at 10:06 AM during an interview, LPN J explained that R20 is supposed to be wearing prafo boots saying, the nursing aides can put them on.</p> <p>On 06/27/24 at 10:15 AM was observed in bed with the prafo boots were observed on floor in same place next to dresser. An interview was conducted in R20's room with certified nurse assistant (CNA L at this time. When CNA L was asked if R20 was supposed to be wearing the boots when they are in bed and who is supposed to put them on and take them off CNA L explained the restorative aides do that and said they were never told to or trained how to put the boots on.</p> <p>On 06/27/24 at 10:20 AM, during an interview, the Director of Nursing (DON) was asked which staff was responsible to put the boots on the residents. The DON explained, that anyone that has the resident can put on prafo boots and the duty is not assigned to a specific person. The DON stated, I would expect that someone would put them on the resident.</p> <p>On 06/27/24 at 02:05 PM, during an interview, Physical Therapist K (PT K), stated while a resident is in physical therapy they do stretching, check for improvement, check how they tolerate the boots and for skin breakdown et cetera. PT K confirmed if a resident was not wearing the prafo boots to maintain the neutral position of their ankle that they would have increased tightness, pain, and contractures of the joint.</p> <p>Review of the facility's policy titled Contracture prevention and management program states the following: Purpose: Assisting a resident to attain and/or maintain joint mobility promotes independence, prevents or reduces contractures, preserves range of motion for use of prosthesis, stimulates circulation and enhances muscle strengthening. A resident requiring passive range of motion, active range of motion and/or splint/brace application and removal are considered for this restorative program. Restorative programs including range of motion and splint/brace assistance are provided by trained nursing assistants or licensed nurses.</p>		

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<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>49699</p> <p>Based on observation, interview and record review, facility failed to properly label medications with resident identifier or open date in two of four medication carts. Findings include:</p> <p>On 06/26/24 at 9:37 AM, the Superior Wing medication cart was reviewed with Licensed Practical Nurse (LPN) G. Two Trelegy Ellipta inhalers were observed not labeled with a resident identifier. LPN G reported they label the inhaler they open with the name of the resident and the date opened.</p> <p>On 06/26/2024 at 12:30 PM, the medication cart for the C200 wing was reviewed with LPN B. There was a Breo inhaler labeled with a resident name on the box, but not a date when opened. There was also a bottle of Humalog Insulin that did not have an open date on vial or on box.</p> <p>On 6/27/2024 at 12:00 PM, a interview with the Director of Nursing (DON) revealed their expectation is medication open dates should be on the medication container.</p> <p>Review of the Medication Storage Guidance revealed Multiple-Dose Vials for Injection should be Date when opened and discard unused portion after 28 days.</p> <p>Review of the Medication Storage Guidance for Inhaled Medications for Breo Ellipta Inhalation Powder should have date when opening the foil tray and discard after 6 weeks</p> <p>A review of the prescribing information at BREO ELLIPTA (fluticasone furoate and vilanterol) (mybreo.com) revealed, .How do I store BREO? Safely throw away BREO in the trash 6 weeks after you open the tray or when the counter reads 0, whichever comes first. Write the date you open the tray on the label on the inhaler.</p> <p>Review of the Medication Storage Guidance for Inhaled Medications for Trelegy Ellipta should have date when the foil tray is opened and discard after 6 weeks.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49699</p> <p>Based on observation, interview, and record review, the facility failed to maintain infection control standards regarding hand hygiene, cleaning vital signs equipment (blood pressure, pulse oximeter) between residents, and cleaning the top of an insulin vial prior to drawing up insulin. Findings include:</p> <p>On 6/26/24 at 9:00 AM, Licensed Practical Nurse (LPN) B was observed preparing medication administration for a resident. LPN B completed preparation and with medications, glucometer, and alcohol pads on a foam tray, pulling the blood pressure machine, LPN B entered the residents room and took vital signs. LPN B put on gloves and obtained a blood sample for glucometer testing. LPN B then gave the resident they're medications and insulin dose. LPN B removed the gloves, and with glucometer on foam tray, pulled the blood pressure machine into the hallway. LPN B did not perform hand hygiene or was not observed sanitizing the glucometer, blood pressure machine or pulse oximeter after use.</p> <p>On 6/26/24 at 9:45 AM, LPN B was observed preparing medication for a second resident. When preparation was completed, LPN B put the medication, prepared insulin syringe, glucometer and alcohol wipes on a foam tray and entered the residents room pulling the blood pressure machine. Prior to drawing up insulin, LPN B did not clean the rubber stopper of the insulin vial. LPN B was observed taking vital signs, donning gloves, and taking blood sugar. LPN B removed gloves and pulled the blood pressure machine out of the room without observed hand hygiene during or after this process. LPN B was not observed cleaning the blood pressure machine, pulse oximeter or glucometer.</p> <p>At this time, LPN B was queried about cleaning equipment between resident use and stated they were not told when sanitizing was needed. When queried regarding hand hygiene and when it should be performed, LPN B indicated hand hygiene should be after every third resident when passing medication.</p> <p>On 6/26/2024 at 1:15 PM, the Infection Control Practitioner (ICP) Q revealed hand hygiene is to be performed before beginning medication preparation, after popping pill from the card, before and after giving medication to resident, before and after donning/doffing gloves. ICP Q revealed equipment is to be sanitized between residents using bleach wipes for hard surfaces and saniwipes for soft surfaces like the blood pressure cuff itself.</p> <p>On 6/27/2024 at 1:55 PM, the Director of Nursing (DON) confirmed the expectation of hand hygiene should be before beginning medication preparation, after putting medication in the cup, before and after giving the resident medication, before and after donning/doffing gloves, and after sanitizing equipment.</p>		