

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235452	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/03/2025
NAME OF PROVIDER OR SUPPLIER Regency Heights-Detroit		STREET ADDRESS, CITY, STATE, ZIP CODE 19100 West Seven Mile Road Detroit, MI 48219	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34901</p> <p>This citation pertains to intake MI00149633.</p> <p>Based on interview and record review, the facility failed to notify the Resident Representative (RR) of a diagnosis of pneumonia and physician's order for an antibiotic for one resident (R101) out of three residents reviewed for change in condition</p> <p>Findings include:</p> <p>It was reported to the State Agency that the facility did not notify the RR about the resident's medical condition.</p> <p>A review of the clinical record revealed R101 was initially admitted to the facility on [DATE] and discharged from the facility on 1/16/25. R101's diagnoses included Alzheimer's disease, dysphagia, and adult failure to thrive. A Minimum Data Set assessment dated [DATE] documented severe cognitive impairment.</p> <p>Additional review of R101's clinical record documented in part the following:</p> <ol style="list-style-type: none"> 1. Change in Condition Evaluation of 1/15/25 at 12:21 PM: Resident feels hot to touch, resident temperature documented. Physician recommended chest x-ray. R101's RR notified on 1/15/25 at 12:33 PM. 2. Nursing progress note of 1/15/25 at 9:55 PM: Patient received resting in bed. No signs/symptoms of shortness of breath or any distress noted. No complaints of pain. Patient's chest x-ray and abdominal x-ray completed. Results reviewed with on-call medical doctor. Order for Doxycycline 100 mg (an antibiotic) twice a day for seven days. Diagnosis: pneumonia, related to chest x-ray results. 3. Physician order on 1/15/25 for Doxycycline hyclate, give one tablet by mouth two times a day for pneumonia <p>During an interview on 2/3/25 at 12:37 PM, the Director of Nursing (DON) said she was aware that R101 had been diagnosed with pneumonia and had been prescribed an antibiotic. The DON explained R101's RR should have been notified about the new diagnosis and antibiotic order but had not been.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A facility policy titled, Notification of Change, dated 2/14/24, was reviewed and revealed in part the following:</p> <ul style="list-style-type: none"> -The facility must inform the resident, consult with the resident's practitioner; and notify consistent with his or her authority, the resident representative(s) when there is a change in status. Even when a resident is competent, his or her designated resident representative or family, as appropriate, should be notified of significant changes in the resident's health status unless the resident does not want the notification. - A change in status would include the following: <ul style="list-style-type: none"> -- A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications). --A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment). - The licensed nurse will document in the resident electronic medical record the notification and information that was provided, including any additional orders from the practitioner. <p>On 2/3/25 at 2:05 PM during the exit conference, the Nursing Home Administrator and DON were asked if there was any additional documentation or information that the facility would like to provide prior to the end of the survey, and they reported there was not.</p>