

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 04/05/2024
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>22349</p> <p>Based on observation, interview, and record review, the facility failed to immediately notify the family of a change in condition and subsequent transfer to the hospital for one (R55) of three residents reviewed for notification of change.</p> <p>Findings include:</p> <p>On 04/04/24 at 10:00 AM an observation of R55's room revealed an empty bed and recliner chair. Upon inquiry, Licensed Practical Nurse (LPN) J reported that R55 was sent out to the hospital prior to the start of her shift.</p> <p>On 04/04/24 at approximately 11:29 AM R55's Family Member (FM) #1 was observed at the nurse's station asking where R55 was. LPN I told FM #1 the resident (R55) was transferred to the hospital and another family member (FM#2) was aware. At this time FM#1 said, No, you never told us. This has happened 2 or 3 times now. They do not tell us. FM #1 then called FM #2 on his cell phone to verify if FM#2 had been notified of R55's change in condition and subsequent transfer to the hospital. FM #2 over the phone said, No, they didn't tell us. We found out because we went up there to visit and she (R55) wasn't there. Then they told us she went to the hospital.</p> <p>On 04/04/24 at 11:30 AM, R55's Electronic Health Record (EHR) was reviewed. There were no progress notes for 04/04/24. There was no documentation to support R55's family members had been notified of the resident's change in condition or transfer to the hospital.</p> <p>On 04/04/24 at 11:42 AM, during an interview with Nurse Practitioner (NP) K said she ordered R55 to be transferred to the hospital for abnormal labs that required treatment in a hospital. NP K reviewed R55's EHR and confirmed there were no progress notes at this time. NP K could not say if R55's family member had been notified of the change in condition or transfer.</p> <p>During an interview with the Director of Nursing (DON) at 12:07 PM she said the facility's staff should have notified the family member immediately of the resident's transfer to the hospital. The DON reviewed R55's EHR and confirmed there was no documentation to support when R55 had been transferred to the hospital or that R55's family had been contacted.</p> <p>According to the facility's 'Transfer and Discharge' policy last revised 3/26/24, in part:</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: 235452	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024
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>Procedure: Emergency Transfer to Acute Care</p> <p>1. When a resident is transferred on an emergency basis to an acute care facility, notice of the transfer is provided to the resident and the resident representative as soon as practicable.</p>

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 04/05/2024
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>49103</p> <p>Based on interview and record review, the facility failed to respond to concerns from residents about staff call light response times, resulting in dissatisfaction and unmet needs among 13 residents of 20 residents with the quality of care.</p> <p>Findings Include:</p> <p>On 4/4/24 at 1:55 PM a meeting was held with the members of the council. Residents presented concerns and dissatisfaction with call light response times. An anonymous resident commented about being told by staff to put a call light on before shift change because staff is busy. An anonymous resident gave an example of call light wait time explaining one day it took three and a half hours before a call light was answered. During the meeting of 20 residents, 13 residents raised their hands in response to the question of problems with call light response times.</p> <p>On 4/4/24 at 4:30 PM, record review of the Council Meeting Notes revealed on 3/19/24 a note was made stating in part, . (residents) discussed answering call lights not being answered in a timely manner.</p> <p>On 4/5/24 at 9:30 AM the Activities Director L was interviewed and the concerns about call light response time were discussed. Activities Director L indicated the process for resident council concerns voiced by council is for a pink form titled Resident, Family, Employee, and Visitor Assistance Form to be filled out by the Activities Director L after a meeting and then a follow-up is done with a department manager about the specific concern. Once the problem is resolved the person who made the complaint is informed of the outcome and asked to sign indicating if they are or are not satisfied with the response. Activities Director L showed five pink forms kept in a binder that had been completed within the last few months. None of the concerns listed on the forms addressed call light response times and the Activities Director L said the concerns mentioned in the 4/4/24 Resident Council Meeting had not been made known. Activities Director L said We address concerns immediately.</p> <p>On 4/5/24 at 3:23 pm, during quality assurance review, the Administrator reported being unaware or resident concerns with all light response times.</p>		

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 04/05/2024
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p>22349</p> <p>Based on interview and record review the facility failed to ensure accurate information for transfer was communicated to the receiving hospital for one (R55) of two residents reviewed for discharges and transfers.</p> <p>Findings include:</p> <p>On 04/04/24 at approximately 10:00 AM Licensed Practical Nurse (LPN) J reported that R55 was sent out to the hospital prior to the start of her shift and was unaware of the circumstances that required R55 to be transferred to the hospital.</p> <p>On 04/04/24 at 11:30 AM, R55's Electronic Health Record (EHR) was reviewed. An order dated 4/4/24 at 7:27 AM indicated R55 was to be sent to the hospital for abnormal labs. A 'Transfer Form' dated 4/4/24 at 7:37 AM documented 'transfer details' that were dated 3/12/24 and indicated that R55 was sent out to the hospital for 'shortness of breath'. There was no corresponding progress note for 04/04/24 to indicate any additional medical information was provided to the receiving hospital.</p> <p>On 04/04/24 at 11:42 AM upon inquiry, Nurse Practitioner (NP) K said she ordered R55 to be transferred to the hospital for abnormal labs that required treatment in a hospital. NP K said the resident did not have shortness of breath. NP K reviewed R55's EHR and confirmed the 'Transfer Form' was inaccurate and there was no corresponding progress note to indicate the receiving hospital had the accurate reason for R55's transfer. NP K said she was in the process of documenting a progress note for R55 at this time.</p> <p>During an interview with the Director of Nursing (DON) at 2:43 PM she reviewed R55's EHR and confirmed the 'Transfer Form' dated 4/4/24 was inaccurate. The DON said the nurse who completed the transfer form dated 4/4/24 had just copied the information from a previous transfer form and could not explain why. The DON said, one-to-one education has been given to the nurse.</p> <p>According to the facility's 'Transfer and Discharge' policy last revised 3/26/24, in part:</p> <p>Procedure: Emergency Transfer to Acute Care:</p> <p>4. A transfer form is completed, a list of medications and a copy of the care plan goals is sent to the receiving hospital.</p> <p>5. Nursing documents the hospital transfer in the medical record.</p>		

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 04/05/2024
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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22349</p> <p>Based on observations, interviews, and record review the facility failed to implement interventions to prevent pressure ulcers for one (R153) of 10 residents reviewed for pressure ulcers resulting in R153 developing an Unstageable Pressure Ulcer to her left hip.</p> <p>Findings include:</p> <p>According to the National Pressure Ulcer/Injury Advisory Panel (NPUAP);</p> <p>Unstageable Pressure Ulcer/Injury is full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar (necrotic dead tissue). If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed.</p> <p>Stage 3 Pressure Injury: Full-thickness skin loss</p> <p>Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.</p> <p>Stage 4 Pressure Injury: Full-thickness skin and tissue loss</p> <p>Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.</p> <p>On 04/03/24 at 11:48 AM, R153 was observed seated in her wheelchair in the hallway with bilateral hip protector pads in place. R153 was unable to be meaningfully interviewed due to impaired cognition. Upon inquiry, Registered Nurse (RN) G said the resident had developed a pressure ulcer on her left hip and the hip pads were ordered to reduce pressure while the resident was seated in the wheelchair. At 2:14 PM, R153 was observed laying in bed on her left side. The hip protectors were resting on the wheelchair. R153's mattress was observed to be a standard mattress and not a specific pressure relieving mattress. There was no foam wedge or pillows observed in the resident's room. RN G was asked about R153's turning schedule and if the resident had a specialty mattress for pressure ulcers. RN G replied, She (R153) is up for most of the day in her wheelchair . I don't know if this is a specialty mattress for pressure ulcers. RN G acknowledged there was no visible foam wedge/pillow to assist with repositioning the resident.</p> <p>(continued on next page)</p>		

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 04/05/2024
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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/04/24 at 11:35 AM R153 was observed in her wheelchair in the hallway with her hip protectors in place. The resident's mattress was removed from the bed and resting on it's edge, leaning against the wall on the floor in R153's room. Observation of the mattress indicated it was a standard mattress and not identified as a specialty pressure-relieving mattress. There were no positioning devices visible in the resident's room.</p> <p>At 1:23 PM both R153 and her bed were in the same condition. At this time LPN I was asked about R153's bed and mattress. LPN I said the resident was getting a new mattress but could not say what type of mattress.</p> <p>At 2:33 PM both R153 and her bed/mattress were in the same condition. At this time the Director of Nursing (DON) was asked about R153's bed and mattress. The DON said R153 was getting a new pressure relieving mattress.</p> <p>At 2:52 PM (over 3 hours later) R153's received a new mattress. The mattress was identified at LTC 105 mattress. R153 was placed back in bed on her right side without the use of any foam wedge or pillow.</p> <p>According to R153's Electronic Health Record (EHR) the resident admitted to the facility on [DATE] with multiple diagnoses that included dementia. The nurse's admission note documented the resident had 'no open areas to skin'. The Minimum Data Set (MDS) dated [DATE] indicated R153 had severe cognition impairment and required substantial/maximum assistance from staff to roll from left to right. Section M indicated the resident had no open areas on skin' and Yes to having pressure reducing devices on both chair and bed. A Braden Skin Assessment (used to determine if a resident is 'at risk' to develop pressure ulcers) dated 3/10/24 identified R153 as being at 'moderate risk' (score of 14) to develop pressure ulcers. A Care Plan for 'At risk for Impaired Skin' was initiated on 3/10/24 and included the following interventions; follow facility policies/protocols for the prevention/treatment of impaired skin integrity.</p> <p>A progress note on 3/26/24 at 3:40 PM documented the resident had a dark circle on her left hip. There was no additional description or measurements.</p> <p>On 3/26/24 a Care Plan for 'Actual Impaired Skin Integrity' for a Left Hip Unstageable Pressure Ulcer was initiated and included the following interventions; pressure reduction mattress and turn and reposition as tolerated.</p> <p>On 3/27/24 a wound care note documented the following; facility acquired left hip unstageable 4.1 cm (centimeter) x 3.0 cm x less than 0.1 cm. Full thickness wound. The following was prescribed; clean left hip with normal saline, apply santyl cover with border dressing every day shift and as needed.</p> <p>On 4/4/24 a wound care note documented the following; left hip unstageable this area measure 5.7 cm x 3.8 cm with a depth of 0.1 cm. Full thickness wound. 20% granulations tissue and 80% slough, edges are attached. no tunneling. The following was prescribed; left hip wound cleansed with normal saline, treated with santyl and dressed with a dry border gauze dressing every day shift and as needed.</p> <p>(continued on next page)</p>		

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 04/05/2024
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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/05/24 at 12:55 PM the wound care nurse, LPN M said when he became aware of R153's left hip pressure ulcer an eschar cap was already covering it and therefore the area was identified as an 'unstageable pressure ulcer' LPN M could not explain why R153's did not have an appropriate pressure relieving mattress on her bed, or a foam wedge/pillow at the time an unstageable pressure ulcer was identified. LPN M said, I don't even know how to order a specialty mattress for pressure ulcers. You would have to talk to the maintenance person.</p> <p>On 4/05/24 at 2:22 PM during an interview with the DON, she acknowledged that she had the maintenance staff replace R153's standard mattress with the LTC 105 mattress. The LTC 105 mattress is used with residents who have stage 3 or 4 pressure ulcers because it distributes the pressure more evenly throughout the body. The DON reviewed the facility's skin management policy and referred to the Mattress Grid. The Mattress Grid identified that a 'LTC 105' mattress should be used for residents with stage 3 or 4 pressure ulcers. The DON could not explain why R153 did not have the recommended mattress applied to her bed at the time the pressure ulcer was identified.</p> <p>According to the facility's 'Skin Management' policy last revised 7/14/21, in part: The facility should identify and implement interventions to prevent development of clinically unavoidable pressure injuries.</p> <p>3. Appropriate preventative measures will be implemented on residents identified at risk and the interventions will be documented on the care plan.</p> <p>Appendix A revised 10/2019;Residents who are identified at Moderate Risk (score 13-14) will received increase frequency of turning . pressure redistribution support surface, use foam wedges or pillows for 30 degree lateral positioning.</p> <p>Mattress Grid (undated) identified the following mattress for stage 3/4 pressure ulcers; LTC 105.</p>		

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 04/05/2024
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47964</p> <p>Based on observation, interview and record review, the facility failed to apply splinting devices for two (R23 and R62) of eight residents reviewed for limited range of motion, resulting in the potential for increased joint contracture, loss of range of motion and increased pain.</p> <p>R23</p> <p>On 4/03/24 at 10:39 AM R23's was observed in bed with left hand clenched into a fist.</p> <p>On 4/04/24 at 11:34 AM R23 was observed in bed with left hand clenched into a fist no carrot, or towel roll in hand.</p> <p>On 4/04/24 at 3:15 PM R23 was observed in bed with left hand clenched into a fist with no carrot or towel roll in left hand.</p> <p>Review of R23's Electronic Health Record (EHR) revealed the most recent admission to facility on 4/19/2022 with diagnosis that included Alzheimer's disease, diffuse traumatic brain injury, and hemiplegia and hemiparesis left side. A Minimum Data Set (MDS) assessment dated [DATE] documented severe cognitive impairment and dependent for activities of daily living (ADLs).</p> <p>Review of R23's April Medication Administration Record (MAR) revealed hand roll to left hand in the day and off at night was applied on dates 4/1/2024 through 4/4/2024 by Licensed Practical Nurse (LPN) F.</p> <p>R62</p> <p>On 04/03/24 at 10:15 AM R62 was observed in bed with both elbows bent, elbow braces on side table not worn by resident.</p> <p>On 4/04/24 at 10:25 AM R62 was observed in bed elbows bent, elbow braces not worn lying on side table in room.</p> <p>On 4/04/24 at 11:22 AM R62 was observed in bed elbows bent not wearing elbow splints.</p> <p>Review of R62's Electronic Health Record (EHR) revealed admitted to facility on 5/5/2023 with diagnosis that included chronic respiratory failure, contractures to right and left elbows, and traumatic brain injury. A Minimum Data Set (MDS) assessment dated [DATE] documented severe cognitive impairment and dependent for activities of daily living (ADL).</p> <p>Review of R62's April MAR revealed elbow braces bilateral on 4 to 6 hrs daily on at 10 AM one time a day on at 10 AM off between 2 PM and 4 PM daily were applied on dates 4/1/2024 through 4/4/2024 by LPN F.</p> <p>(continued on next page)</p>		

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 04/05/2024
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/4/2024 at 3:17 PM LPN F was interviewed regarding the application and removal of R62's elbow splints and R23's hand splint. LPN F said she did not apply R62's elbow splints or R23's hand splint this week but documented that she did apply them on the MAR for April 2024. LPN F agreed that R23 and R62's April MAR for splint application were not correct and that R23 and R62 did not have restorative splinting services this week.</p> <p>On 4/5/2024 at 1:52 PM the Director of Nursing (DON) was interviewed and said that there is not a restorative nurse or aide and that the floor staff apply splints to the residents. The DON agreed that R23 and R62 should have the restorative splinting program as ordered by the physician in order to prevent worsening of contractures.</p> <p>Review of the facility policy titled Restorative Nursing effective date 4/26/2022 revealed in part . The facility strives to enable the resident to attain and maintain the highest practicable level of physical, mental, and psychosocial well-being. Nursing Restorative is available up to 6-7 times per week and is provided for residents meeting restorative program criteria.</p>		

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 04/05/2024
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 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** 47964</p> <p>Based on observation, interview, and record review the facility failed to date a respiratory water bag for one (R62) of two residents reviewed for oxygen use.</p> <p>Findings include:</p> <p>On 4/03/24 at 9:57 AM, R62's water bag for tracheostomy oxygen humidification was observed in use with no date labeled on bag.</p> <p>On 4/04/24 at 8:15 AM, R62's water bag for tracheostomy oxygen humidification was observed in use with no date labeled on bag.</p> <p>On 4/4/24 at 1:14 PM, R62's water bag for tracheostomy oxygen humidification was observed in use with no date labeled on bag.</p> <p>On 4/04/24 at 1:47 PM Licensed Practical Nurse (LPN) H was interviewed and said the water bag is used to humidify the supplemental oxygen to R62's tracheostomy and should be dated so that staff are aware when it was last changed.</p> <p>On 4/05/24 at 1:51 PM the Director of Nursing (DON) was interviewed and agreed R62's water bag should be dated to ensure when the bag was initially used and changed.</p> <p>Review of R62's Electronic Health Record (EHR) revealed admitted to facility on 5/5/2023 with diagnosis that included chronic respiratory failure, tracheostomy, contractures to right and left elbows, and traumatic brain injury. A Minimum Data Set assessment dated [DATE] documented severe cognitive impairment.</p> <p>Review of the facility supplied water bag manufacturer's guidelines revealed in part . Replace the water bag every 60 days or earlier if it becomes discolored.</p>		

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 04/05/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>39958</p> <p>Based on observation, interview, and record review, the facility failed to maintain sanitary conditions in the kitchen resulting in an increased potential for cross contamination of food and foodborne illness, potentially affecting 142 residents who receive meal services (oral foods) out of the facility's total census of 153 residents.</p> <p>Findings include:</p> <p>In an observation on 4/3/24 at 11:23 a.m., Dietary Cook B touched a piece of cooked pork loin with bare hands while getting a temperature. Dietary Cook B picked up part of the pork loin and put it back in the pan without wearing gloves. CDM (Certified Dietary Manager) D instructed Dietary Cook B to put on gloves.</p> <p>In an observation on 4/3/24 at 11:24 a.m., Assistant Cook C removed gloves and did not perform hand hygiene before writing down temps in a book.</p> <p>In an observation on 4/3/24 11:50 a.m., Dietary Cook B removed gloves then walked to a drawer, opened it, and touched serving utensils. Dietary Cook B did not perform hand hygiene after glove removal.</p> <p>In an observation on 4/3/24 11:54 a.m., Dietary Cook B had gloved hands. Dietary Cook B removed gloves and walked to front of the kitchen and reported she was looking for buns. Dietary B did not immediately perform hand hygiene after removal of the gloves.</p> <p>In an observation on 4/3/24 at 11:56 a.m., Dietary Aide E removed gloves, walked in the walk-in cooler, and exited the walk-in cooler with ranch in hand. CDM D instructed Dietary Aide E to wash her hands.</p> <p>In an interview on 4/3/24 at 11:58 a.m., CDM D reported staff should wash their hands after removing gloves and gloves should be changed between tasks. CDM D reported staff should wear gloves when handling food.</p> <p>Review of the U.S. Public Health Service 2017 Food Code, Chapter 2-301.14 When to Wash directs that:</p> <p>FOOD EMPLOYEES shall clean their hands and exposed portions of their arms as specified under S 2-301.12 immediately before engaging in FOOD preparation including working with exposed FOOD, clean EQUIPMENT and UTENSILS, and unwrapped SINGLE-SERVICE and SINGLEUSE ARTICLES and:</p> <p>and contamination and to prevent cross contamination when changing tasks;</p> <p>(H) Before donning gloves for working with FOOD; and</p> <p>(I) After engaging in other activities that contaminate the hands.</p> <p>(continued on next page)</p>		

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 04/05/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of a Food Handling and Production policy revised 11/12/21 documented, It is the policy of this facility to comply with strict time and temperature requirements and use proper food handling techniques to prevent foodborne illness. Procedure . wash hands regularly . 9. Food will be prepared and served with clean tongs, scoops, forks, spoons, spatulas, or other suitable utensils to avoid manual contact with prepared foods .</p> <p>Review of a Hand Hygiene policy revised 10/11/23 documented, hand washing/hand hygiene is generally considered the most important single procedure for preventing healthcare-associated infections. Hand hygiene should be performed after removing personal protective equipment (e.g. gloves, gown, facemask).</p>		

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 04/05/2024
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** 47964</p> <p>Based on interview and record review the facility failed to ensure complete and accurate documentation was maintained in an Electronic Health Record (EHR) for three residents (R23, R62, and R55) of 30 residents reviewed for accurate medical records resulting in inaccurate and incomplete medical records with inadequate care delivery.</p> <p>Findings include:</p> <p>R62</p> <p>Review of R62's EHR revealed admitted to facility on 5/5/2023 with diagnosis that included chronic respiratory failure, contractures to right and left elbows, and traumatic brain injury. A Minimum Data Set (MDS) assessment dated [DATE] documented severe cognitive impairment.</p> <p>Review of R62's April Medication Administration Record (MAR) revealed that elbow braces bilateral on 4 to 6hrs daily on at 10 AM one time a day on at 10 AM off between 2 PM and 4 PM daily were applied on dates 4/1/2024 through 4/4/2024 by Licensed Practical Nurse (LPN) F.</p> <p>R23</p> <p>Review of R23's EHR revealed most recent admission to facility on 4/19/2022 with diagnosis that included alzheimer's disease, diffuse traumatic brain injury, and hemiplegia and hemiparesis left side. A MDS assessment dated 3/19/2024 documented severe cognitive impairment.</p> <p>Review of R23's April MAR revealed hand roll to left hand in the day and off at night was applied on dates 4/1/2024 through 4/4/2024 by LPN F.</p> <p>On 4/4/2024 at 3:17 PM LPN F was interviewed regarding the application and removal of R62's elbow splints and R23's hand splint. LPN F said she did not apply R62's elbow splints or R23's hand splint this week but documented that she did apply them on the MAR for April 2024. LPN F agreed that R23 and R62's April MAR for splint application were not correct.</p> <p>On 4/5/2024 at 1:52 PM the Director of Nursing (DON) was interviewed and agreed documentation should be accurate and complete to ensure that residents are getting proper care and treatments.</p> <p>22349</p> <p>R55</p> <p>On 04/04/24 at approximately 10:00 AM Licensed Practical Nurse (LPN) J reported that R55 was sent out to the hospital prior to the start of her shift and was unaware of the circumstances that required R55 to be transferred to the hospital.</p> <p>(continued on next page)</p>		

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 04/05/2024
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/04/24 at 11:30 AM, R55's Electronic Health Record (EHR) was reviewed. An order dated 4/4/24 at 7:27 AM indicated R55 was to be sent to the hospital for abnormal labs. A 'Transfer Form' dated 4/4/24 at 7:37 AM documented 'transfer details' that were dated 3/12/24 and indicated that R55 was sent out to the hospital for 'shortness of breath'. There was no corresponding progress note for 04/04/24 to indicate any additional medical information was provided to the receiving hospital.</p> <p>On 04/04/24 at 11:42 AM upon inquiry, Nurse Practitioner (NP) K said she ordered R55 to be transferred to the hospital for abnormal labs that required treatment in a hospital. NP K said the resident did not have shortness of breath. NP K reviewed R55's EHR and confirmed the 'Transfer Form' was inaccurate and there was no corresponding progress note to indicate the receiving hospital had the accurate reason for R55's transfer.</p> <p>During an interview with the Director of Nursing (DON) at 2:43 PM she reviewed R55's EHR and confirmed the 'Transfer Form' dated 4/4/24 was inaccurate. The DON said the nurse who completed the transfer form dated 4/4/24 had just copied the information from a previous transfer form and could not explain why. The DON said, one-to-one education has been given to the nurse.</p>		

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 04/05/2024
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47964</p> <p>Based on interview and record review, the facility failed to ensure two residents (R126 and R87) out of five residents reviewed for immunizations, were provided influenza vaccination and education resulting in the potential for the development and spread of influenza among vulnerable residents in the facility.</p> <p>Findings include:</p> <p>On 4/5/2024 at 11:00AM the Infection Preventionist (IP) A was interviewed and reported the following residents did not have documentation of a current influenza immunization or refusal:</p> <p>-Review of the Electronic Health Record (EHR) for R126 admitted on [DATE] with diagnosis of respiratory failure, heart failure. R126 did not have documentation to indicate that the influenza vaccine was offered or was contraindicated.</p> <p>-Review of the EHR for R87 revealed admitted on [DATE] with diagnosis of urinary tract infection and dementia. R87 did not have documentation to indicate that the influenza vaccine was offered or was contraindicated.</p> <p>On 4/5/2024 at 1:12 PM the Director of Nursing (DON) was interviewed and agreed both R126 and R87 should have been educated and offered the influenza vaccine.</p> <p>Review of the facility policy titled Immunization :Influenza (FLU) Vaccination of Guest/Residents revised 1/11/22 revealed in part . It is the policy of this facility that annually resident will be offered immunization against influenza, The vaccine program runs from early October through March 31st, every admission is screened using the criteria contained within the standing protocol and given the vaccine if indicated, after receiving education regarding the vaccine.</p>