

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235479	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2024
NAME OF PROVIDER OR SUPPLIER Regency at Livonia		STREET ADDRESS, CITY, STATE, ZIP CODE 14900 Middlebelt Rd Livonia, MI 48154	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46956</p> <p>This citation pertains to Intake M100144133.</p> <p>Based on observation, interview and record review, the facility failed to ensure orders for catheter care was provided for one (R906) of four residents reviewed for catheter care. Findings include:</p> <p>Review of the facility record for R906 revealed an original admitted [DATE] and a most recent admitted [DATE] with diagnoses including Multiple Sclerosis, Diabetes Mellitus, and Fibromyalgia. The record further revealed R906's readmission on 03/01/24 was following hospitalization due to Urinary Tract Infection (UTI) attributed to an indwelling catheter. The record indicated R906 continued to have the indwelling catheter when they were readmitted to the facility on [DATE].</p> <p>During review of R906's catheter care it was noted the most recent catheter care orders were discharged no later than 02/27/24 and no catheter care-related orders were documented for the most recent admission period of 03/01/24 to 04/14/24. Review of R906's Kardex Task item which states Was indwelling catheter care performed per the resident's plan of care? revealed no documentation entries for the dates 04/01/24 thru discharge on 04/14/24.</p> <p>On 04/30/24 at 3:00 PM, the facility Director of Nursing (DON) was interviewed. The DON acknowledged the absence of catheter care orders for R906 during the most recent admission and reported that they were not obtained or entered into the electronic medical record (EMR). The DON reported that a catheter care Kardex item was produced when the catheter care plan was entered which would allow direct care staff to see the catheter care Kardex question, however, because the Kardex item was not renewed there were no related checklist questions produced to allow staff to enter documentation of care completion. The DON reported that the expectation is that the catheter care orders would be obtained and entered and the related Kardex Task questions would be available for staff completion when the resident was readmitted to the facility.</p> <p>Review of the facility policy Physician's Order dated 10/20/23 revealed the Purpose statement Physician orders are obtained to provide a clear direction in the care of the resident. The Information portion of the policy includes the following entries:</p> <p>- Orders given by a physician must be accepted by a licensed nurse and documented on the physician order sheet or in the EMR system if electronic, and must be cosigned and dated by the ordering physician per state guidelines.</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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - On a regular basis or as required by state and/or federal law the attending physician will review the plan of care, including physician orders. The physician is to review the orders at the time of the physician's visit. Admission physician orders will be signed within 24-72 hours. - Treatment rendered to a resident must be in accordance with the specific standing, written, verbal, or telephone order of a physician . - Standing and written orders must be recorded in the resident record and signed by the licensed health professional who issued the order in accordance with the policy of the health facility or agency. 		