

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 06/20/2024
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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44750</p> <p>This citation pertains to Intake MI00144815.</p> <p>Based on interview and record review, the facility failed to provide Notice of Medicare Non-Coverage (NOMNC) to one resident (R700) out of one reviewed for discharge from the facility. Findings Include:</p> <p>A review of an Intake called into the State Agency noted the following, The family appealed the discharge and received a telephone call . the appeal went in patient's favor due to not informing the patient in ample time.</p> <p>A review of the medical record revealed R700 admitted into the facility on [DATE] with the following medical diagnoses, Muscle Weakness and End Stage Renal Disease. A review of the Minimum Data Set (MDS) assessment revealed a Brief Interview for Mental Status score of 15/15 indicating an intact cognition. R700 also required assistance with bed mobility and transfers.</p> <p>Further review of the NOMNC revealed that R700 services were to end on 05/3/2024 and was signed and dated by R700 on 5/2/2024.</p> <p>On 06/20/2024 at 12:13 PM, an interview was conducted with Business Office Manager (BOM) A regarding R700's NOMNC. BOM A stated usually the resident receives at least 48 hours of notice. BOM A stated they are unsure what happened with R700 and why they were given the NOMNC the day before services ended. BOM A stated the only thing they could think of is the insurance company sent the NOMNC in late to be signed, because they issue them on the same day they receive them from the insurance companies.</p> <p>On 06/20/2024 at 12:20 PM, an interview was held with MDS Registered Nurse (RN) B. MDS RN B stated R700 did appeal, however they did not appeal in a timely manner. MDS RN B stated they attached the NOMNC to the information regarding the appeal, along with the other required medical documents for the appeal process.</p> <p>A review of a facility policy titled, Medicare Notice of Non-Coverage Advance Beneficiary Notice did not address timely delivery of NOMNCS.</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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(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 - 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49699</p> <p>This citation is related to Intake M1001445014.</p> <p>Based on observation, interview and record review, the facility failed to properly care for pressure ulcers for one of one resident (R702).</p> <p>A review of an Intake called into the State Agency noted a resident had a bedsore for so long that she got a bad infection which she was hospitalized for.</p> <p>On 6/20/2024, record review revealed R702 was admitted on [DATE] with following relevant diagnoses: Sepsis, Quadraplegia C5-7 Complete, Neuromuscular Dysfunction of Bladder, Muscle Weakness, Chronic Iron Deficiency, Depression, Anxiety Disorder, Essential Hypertension, Gastro-esophageal Reflux Disease, Acute Kidney Failure. R702 is alert and oriented to person, place, time and situation. R702 is physically dependent for all activities of daily living.</p> <p>On 6/20/2024 at 9:30 AM, R702 was observed laying on their back, bed flat, awake, alert and conversant. R702 was queried regarding his overall care. R702 revealed that approximately a week ago after a shower, the wounds were left uncovered, and R702 became incontinent of bowel. R702 revealed the Certified Nurse Assistant (CNA) providing his care was notified. R702 stated he waited five hours for a nurse to provide care to the wounds.</p> <p>On 6/20/2024 at 9:45 AM, an interview with Wound Care Nurse (WCN) C revealed they were preparing to provide wound care to the R702. WCN C revealed R702 had Stage III pressure ulcers (sores that have progressed to the third stage have broken completely through the top two layers of the skin and into the fatty tissue below) on each ischium (seating bones) and on the sacrum (low back). WCN C also revealed R702 had Deep Tissue Injuries on bilateral heels.</p> <p>The WCN C revealed they provide wound care on Monday, Tuesday, Thursday and Friday. WCN C confirmed that on Wednesday, Saturday, and Sunday, wound care is completed by the nurse responsible for the resident. WCN C revealed if a resident with dressings are showered, the dressing is removed and a (CNA) would notify the responsible nurse. WCN C revealed when a dressing becomes soiled, the CNA notifies the responsible nurse. If WCN C is not in house, the resident's responsible nurse is required to provide wound care.</p> <p>On 6/20/2024 at 10:00 AM, R702's wound care was observed. WCN C unfastened R702's brief on the left side (R702) was laying on right side. The left ischial dressing was bunched, leaving the wound exposed with a small amount of drainage noted on the brief.</p> <p>On 6/20/2024 at 10:30 AM, upon completion of wound care, WCN C confirmed R702's allegation they were left for approximately 5 hours with feces in their wounds. WCN C further revealed Nurse D was written up. WCN C provided documentation of the corrective action.</p> <p>On 6/20/2024 at 1:30 PM, met Director of Nursing (DON) regarding the incident described above. The DON confirmed her awareness of R702's wounds not receiving proper care and that an in-service had been provided on 5/30/2024.</p>		