

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 05/07/2025
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34851</p> <p>This citation pertains to Intake MI00152501.</p> <p>Based on observation, interview, and record review, the facility failed to ensure resident showers were provided as scheduled for one resident (R701) of three reviewed for activities of daily (ADL) care. Findings include:</p> <p>On 5/7/25 at 11:00 AM, R701 was observed in bed with a hospital gown on, and with a large amount of facial hair, R701 was asked about the care at the facility. R701 explained things could be better. R701 continued and explained staff are either too busy or there is not enough staff. R701 reported they did not get out of bed the entire weekend and this was not the first time this had happened. R701 was asked if they receive their showers at minimum two times per week, R701 stated, Maybe once per week.</p> <p>A review of R701's medical record noted R701 was admitted to the facility on [DATE] with diagnosis of Influenza. A review of R701's Minimum Data Set (MDS) assessment dated [DATE] noted, R701 with an intact cognition and required assistance by staff to complete activities of daily living.</p> <p>A review of R701's shower record for the last 30 days revealed six documented showers on 4/10, 4/14, 4/21, 4/28, 5/1, and 5/5/25.</p> <p>On 5/7/25 at 11:33 AM, Certified Nurse Assistant (CNA) A was asked the reason R701 had not been dressed and out of bed. CNA A reported they had been getting the dialysis residents up and dressed and had not had time to come back to get R701 up for the day. CNA A reported they typically work the afternoon shift and came in at 8:30 AM to pick up a shift.</p> <p>On 5/7/25 at 11:40 AM, the Director of Nursing (DON) reported R701's shower schedule is Mondays and Thursday. The DON confirmed after a review of the 30-day report R701 had some days when the residents shower was not documented as being provided.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's policy titled Routine Resident Care dated 3/12/25 noted, Residents receive the necessary assistance to maintain good grooming and personal/oral hygiene. Steps are taken to ensure that a resident's capacity for self-performance of these activities does not diminish unless circumstances of the resident's clinical condition demonstrate the decline is unavoidable. Care is taken to ensure resident safety at all times. Guidelines: 2. Showers, tub baths, and/or shampoos are scheduled according to person centered care or state specific guidelines; Bed linens are changed at this time. Additional showers are given as requested .</p>		