

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  12/19/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40384</b></p> <p>Based on observation, interview, and record review, the facility failed to initiate an activities care plan for one resident (R94) of one reviewed for care plans. Findings include:</p> <p>On 12/17/24 at 1:00 PM, R94 was observed sitting in their lounging chair awake, and alone in their room. Attempts to interview R94 were to no avail due to their cognition as they remained pleasantly confused. There were no activities observed in R94's room at this time.</p> <p>A review of R94's medical record revealed they were admitted into the facility on [DATE] with diagnoses that included Cerebral Infarction, Hypertension, and Muscle Weakness. Further review revealed that the resident was severely cognitively impaired, and required one person assistance for bed mobility and transfers. Additional review revealed the resident had sustained multiple falls in the facility since admission.</p> <p>On 12/18/24 at 8:48 AM, 9:22 AM, and 12:45 PM, R94 was observed in their room without activities or stimulation.</p> <p>On 12/19/24 at 8:57 AM, activity logs for R94 were requested from the facility. The facility's Nursing Home Administrator (NHA) indicated the activities department did not have any activity logs for R94.</p> <p>A review of R94's care plan revealed they did not have a care plan addressing Activities.</p> <p>On 12/19/24 at 12:25 PM, the Director of Nursing (DON) was asked about activities for R94 and acknowledged there had been issues with the Activities Director.</p> <p>A review of the facility's Activities Program policy revealed the following, The facility provides an ongoing activity/recreation program based on the individual resident comprehensive evaluation, care plan, and stated preferences .</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34851</p> <p>Based on interview and record review, the facility failed to ensure medication was administered as orders for one resident (R93) of one reviewed for medication administration. Findings include:</p> <p>A clinical record review of R93 revealed, R93 was first admitted to the facility in March 2024 with diagnoses of Quadriplegia (paralysis) chronic pain syndrome, Kidney failure, Chronic foley and Urinary tract infections. A review of R93's most recent BIMS (Brief Interview for Mental Status) score was 15/15 indicating R93 was cognitively intact.</p> <p>On 12/17/24 at 9:51 AM, R93 voiced concern during initial interview that they were recently hospitalized for a urinary tract infection and required antibiotics. R93 expressed concerned regarding not being administered their antibiotic medication since their readmission to the facility on [DATE]. R93 explained they had asked the staff since readmission about the location the medication and was not provided an explanation. R93 further revealed they were scared the infection would come back and they would have to go back to the hospital.</p> <p>Further review of R93's record revealed, on 12/11/24, R93 was transferred to the hospital for with symptoms of severe nausea, was diaphoretic, and had gross hematuria (large amounts of blood in the urine). R93 was readmitted to the facility on [DATE], with the diagnosis of a urinary tract infection, and required surgical placement of a supra pubic catheter (tube placed into the bladder through abdomen to drain urine).</p> <p>On 12/19/24 at 9:40 AM, Unit Manager (UM F) was asked about R93's antibiotic medication, UM F was observed to review the After Visit Summary (AVS) revealed, dated 12/15/24. The AVF documented to start Cipro (Ciprofloxacin, an antibiotic to treat bacterial infections) 500 milligrams (mg) twice daily for 10 days, start on 12/15/24 and complete on 12/25/24. UM F acknowledged the admission nurse did not order the medication upon R93's readmission on 12/15/24, therefore, the pharmacy never received the order and R93 was not provided the antibiotic.</p> <p>On 12/19/24, at 3:45 PM, the Director of Nursing (DON) was informed of the above interview and acknowledged the medication was not transcribed upon readmission on 12/15/24 and R93 should have started the ordered Cipro on 12/15/24.</p> <p>Review of the facility's policy titled; Physician's Orders dated 10/2023 documented: .Physician orders are obtained to provide a clear direction in the care of the resident . Once the order is verified, the receiving nurse verifies the order . Notify the pharmacy of a new order .</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40384</p> <p>Based on observation, interview, and record review, the facility failed to document and provide activities for one resident (R94) of one reviewed for activities. Findings include:</p> <p>On 12/17/24 at 1:00 PM, R94 was observed sitting in their lounging chair alone in their room. Attempts to interview R94 were to no avail due to their cognition as they remained pleasantly confused. There were no activities observed in R94's room at this time.</p> <p>A review of R94's medical record revealed they were admitted into the facility on [DATE] with diagnoses that included Cerebral Infarction, Hypertension, and Muscle Weakness. Further review revealed that the resident was severely cognitively impaired, and required one person assistance for bed mobility and transfers. Additional review revealed the resident had sustained multiple falls in the facility since admission.</p> <p>On 12/18/24 at 8:48 AM, 9:22 AM, and 12:45 PM, R94 was observed in their room without activities or stimulation.</p> <p>On 12/19/24 at 8:57 AM, activity logs for R94 were requested from the facility. The facility's Nursing Home Administrator (NHA) indicated the activities department did not have any activity logs for R94.</p> <p>On 12/19/24 at 12:25 PM, the Director of Nursing (DON) was asked about activities for R94 and acknowledged there had been issues with their Activities Director.</p> <p>A review of the facility's Activities Program revealed the following, The facility provides an ongoing activity/recreation program based on the individual resident comprehensive evaluation, care plan, and stated preferences .3. Supportive activities: Promotes a comfortable environment while providing stimulation or solace to residents who cannot benefit from either maintenance or empowerment activities . These activities are generally provided to a resident with severe impairments and/or unable to tolerate the stimulation of a group program .</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34851</p> <p>Based on observation, interview, and record review, the facility failed to ensure hand splint and elbow brace were applied for one (R38) of one resident reviewed for range of motion. Findings include:</p> <p>On 12/17/24 at 9:58 AM, R38 was observed lying in bed with the television on and was asked about the stay at the facility. During the interview R38's right arm and hand was observed to be contracted (a condition that causes the fingers to bend and the palm to thicken) and without a brace on. R38 was asked if they had a brace for their right arm. R38 explained that they (staff) use to put it on but, has been without it for about a month.</p> <p>On 12/18/24 at 10:01 AM and 1:01 PM, R38 was observed lying in bed and reported they had not had the brace applied.</p> <p>On 12/19/24 at 11:00 AM, R38 was observed lying in bed, R38's right arm was observed without a brace. R38 was asked if they knew where the brace was kept and reported, they were not sure. An observation was made with a general glance of R38's closet the braces were not observed.</p> <p>A review of R38's order noted, Donning and doffing of R (right) hand splint and R Elbow Brace up to 4 hours as tolerated alternating days with R elbow Brace and R Hand Splint. Monitor for s&amp;s (signs and symptoms) of skin breakdown. Order Clarification: started on 8/6/21.</p> <p>A review of R38's medical record revealed, R38 was admitted to the facility on [DATE] and readmitted on [DATE] with a diagnosis of Contracture right elbow. A review of R38's Minimum Data Set (MDS) assessment, dated 11/01/2024 noted R38 with a moderately impaired cognition and was dependent on staff for activities of daily living.</p> <p>A review of R38's care plan noted, Focus: [R38] has a functional ability deficit and requires assistance with self-care/mobility R/T (related to) decreased mobility and weakness dx (diagnosis) spinal stenosis, vascular dementia, HTN (hypertension), DM (diabetes mellitus), and depressive disorder. Date Initiated: 02/23/2018. Interventions: Donning and doffing of R hand splint and R (right) Elbow Brace up to 4 hours as tolerated alternating days with R elbow Brace and R Hand Splint. Monitor for s&amp;s of skin breakdown. Date Initiated: 02/13/2024. Interventions: Provide [R38] assistance with donning and doffing of R orthosis. Patient able to tolerate orthosis up to 4 hours without any signs and symptoms of pain or pressure. Date Initiated: 02/13/2024.</p> <p>On 12/19/24 at 11:20 AM, the therapy director was asked about R38's brace and state he would look into it.</p> <p>On 12/19/24 at 1:42 PM, Therapy Director H explained, he found the braces in R38's closet and the restorative team is responsible for applying them on the resident.</p> <p>On 12/19/24 at 1:44 PM, the Director of Nursing (DON) was asked about R38's braces and explained, the braces are on the MAR (Medication Administration Record) and the Nurses or Restorative staff are responsible for the application of the devices.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the R38's MAR for the month of December revealed, the braces were not documented as applied on the following dates, [DATE]th and 17th. After a review of the MAR, R38 was asked if they had the brace on this month and explained they have not had the brace on for about a month.</p> <p>A review of the facility's policy titled, Brace and Splint Program, dated 4/5/24 noted, Purpose: Properly used splint and braces can enhance mobility, correct alignment and protect a specific extremity while maintaining skin integrity and circulation, and avoiding other possible adverse effects of the device. The purpose of the Brace and Splint Program is to: 2. Avoid or delay any loss of independence, 3. Achieve the highest level of independence possible. Procedure: 4. If the resident enters the facility with a brace or splint, or the specialized therapist determines that a brace or splint is appropriate the nurse will obtain a physician's order. The order will define the following information: a. Where the splint/brace is to be worn, b. When the splint/brace is to be worn, c. Why the splint/brace is to be worn, d. Who will apply the splint/brace (nursing or therapy). 5. Interdisciplinary care plan . c. Staff has a scheduled program of applying and removing the appliance that includes: d. Scheduled hours to be worn .</p>		

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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40384</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure timely assessment and monitoring following an identified weight loss for one resident (R56) of two reviewed for nutrition resulting in, weight loss and unmet nutritional needs. Findings include:</p> <p>On 12/17/24 at 1:00 PM, R56 was observed sitting in their room in their wheelchair. Attempts to interview R56 were ocured to no avail due to their cognition.</p> <p>A review of R56's medical record revealed they were admitted into the facility on [DATE] with diagnoses which included Anxiety Disorder, Hypertension, and Muscle Weakness. Further review revealed a moderately impaired cognition, and was dependent for bathing and dressing.</p> <p>Further review of R56's care plan revealed the following:</p> <p>Focus: [R56] has alteration in nutritional and/or hydration status r/t (related to) CVA (Cerebral Vascular Accident), hx (history) of PCM (protein calorie malnutrition), dysphagia, therapeutic diet. Date Initiated: 12/03/2024. Interventions . Observe and report to physician Significant weight changes: 3% in 1 week, &gt; (greather than) 5% in 1 month, &gt;7.5% in 3 months, &gt;10% in 6 months. Date Initiated: 12/03/2024 . Provide 1:1 feeding assistance with meals .</p> <p>Further review of R56's medical record revealed the resident had sustained a 10lb (pound) weight loss in less than a month based on the following weights:</p> <p>112.0 Lbs-11/28/2024</p> <p>112.0 Lbs-12/1/2024</p> <p>102.0 Lbs-12/10/2024</p> <p>Further review of R56's medical record revealed the following progress note:</p> <p>12/12/2024 12:15 (12:15pm) Dietary Note</p> <p>Note Text: WEIGHT WARNING:</p> <p>Value: 102.0</p> <p>Vital Date: 2024-12-10 13:14:00.0 (1:14pm)</p> <p>-5.0% change [ 8.9% , 10.0 ]</p> <p>-7.5% change [ 8.9% , 10.0 ]</p> <p>RD (registered dietician) requesting re-weight to confirm accuracy of weight changes. Weight upon admission likely not accurate as this is consistent with hospital documented weight of 112 lbs.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/18/24, further review of R56's medical record did not reveal a re-weight.</p> <p>On 12/18/24 at 8:49 AM, R56 was observed in their room alone sitting in their wheelchair. The resident's breakfast meal tray was sitting in front of them with approximately 80% of the meal still on their plate and consisted of eggs, toast, oatmeal and a hashbrown. In addition, 1:1 feeding assistance was listed on the resident's meal ticket.</p> <p>On 12/18/24 at 12:43 PM, R56 was observed in their room alone sitting in their wheelchair. The resident's lunch meal tray was sitting in front of them untouched. 1:1 feeding assistance was noted on the resident's meal ticket.</p> <p>On 12/19/24 at 8:57 AM, R56's re-weight was requested from the facility.</p> <p>On 12/19/24 at 9:30 AM, the Director of Nursing (DON) explained the facility had identified an issue with weights and the resident was weighed yesterday, and would be added to the electronic medical record.</p> <p>A review of R56's medical record revealed the resident weight on 12/19/24 was 96.2 lbs noting a 5.69% weight loss in nine days.</p> <p>On 12/19/24 at 10:51 AM, the facility dietician, Registered Dietician (RD I) was asked about R56's weight loss, and the interventions put into place for R56. RD I explained she was new to the facility, and would speak to the regional dietician for guidance.</p> <p>On 12/19/24 at 11:18 AM, RD I explained the intervention for R56's weight loss on 12/12/24 was the re-weigh to confirm whether the weight loss was accurate. RD I explained that once a re-weight is obtained, they talk to the resident and reassess for possible supplements. RD I was asked how soon re-weights are supposed to be obtained, and she explained they should be completed within 72 hours.</p> <p>On 12/19/24 at 12:25 PM, the Director of Nursing (DON) was asked about the weight loss of R56, and explained she would look further into it, but did acknowledge that the facility had identified concerns related to weights not being completed per facility policy.</p> <p>A review of the facility's Weight Management policy revealed the following. .2. Residents will be weighed upon admission/readmission; weekly x 4, then monthly as indicated by the physician and/or medical status of the resident and document results in the medical record. Re-weights are initiated for a five pound variance if the resident is &gt; than 100 lbs and for a three-pound variance of &lt; than 100 lbs .Re-Weights will be done within 48-72 hours .9. Residents with the following clinical condition may also be at risk, this is determined by the IDT (interdisciplinary team) .Dependent eating skills, mechanically altered diets .7. Dietary Manager, Unit Manager and/or RD are able to communicate weight changes to the IDT, attending physician and resident's responsible party .10. The Dietary Manager and/or dietician will calculate the Monthly and Significant Weight Changes )5% in one month, 7.5% in three months, ad 10% in six months) .</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>34851</p> <p>Based observation, interview, and record review the facility failed to ensure proper storage of medication in two of two medication carts and one resident's room (R38) reviewed for medication storage. Findings include:</p> <p>On 12/17/24 at 9:58 AM, R38 was observed lying in bed with the television on. R38's overbed table was observed with a small oval shaped pill on the table. R38 was asked what medication it was and when did they received the medication. R38 stated, I'm not sure what it is, it might have fell out one of my cups.</p> <p>On 12/17/24 at 10:02 AM, the assigned Nurse was asked about the pill that was observed on R38's overbed table. The Nurse explained they had not administered R38's medication and that the pill observed may have been from the midnight shift. The Nurse was asked to identify the medication with R38's medications in the med cart. The medication was identified as atorvastatin 20mg (milligrams), which is scheduled to be administer at bed time.</p> <p>49083</p> <p>On 12/18/24 at 8:54 AM, an observation of medication cart South-2 was conducted with Licensed Practical Nurse (LPN) D. The following medications were observed loosely throughout the cart unpackaged and without patient identifiers.</p> <p>Drawer 2</p> <p>2 round white pill #12/A</p> <p>1 white elongated 7206/TV</p> <p>1 white round 209</p> <p>1 round peach 41/H</p> <p>1 white elongated ATV/20</p> <p>1 elongated peach C03/77</p> <p>1 pink elongated 5/894</p> <p>2 white round/damages</p> <p>1 white round scored M/5</p> <p>1 yellow elongated 151</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1 capsule Q02/ blue white</p> <p>1 orange round unidentifiable</p> <p>1 small round white ATN/25</p> <p>Drawer 3</p> <p>2 white elongated</p> <p>2 peach round</p> <p>1 blue elongated</p> <p>1 yellow tab</p> <p>Drawer4</p> <p>1 white elongated 729612/18/24</p> <p>On 12/18/24 at 9:46 AM, an observation of medication cart East Hall was conducted with LPN C. The following medications were observed loosely throughout the cart unpackaged and without patient identifiers.</p> <p>Drawer 2</p> <p>1 pink elongated 5</p> <p>1 yellow round 2.5</p> <p>Multiple broken white colored medications</p> <p>On 12/18/24 at 10:00 AM, the Director of Nursing (DON) was informed of the above findings in both medication carts and acknowledged medications should not be stored in the carts without patient identifiers or packaged.</p> <p>A review of the facility's policy titled; Storage and Expiration Dating of Medications and Biological's dated 8/2024 documented: . Facility should ensure the medications for each resident are stored in the containers in which they were originally received .</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>49083</p> <p>Based on observation and interview, the facility failed to provide a homelike environment throughout residential common areas and rehabilitation area. Findings include:</p> <p>On 12/18/24 at 11:20 AM, an observation of the first and second floor dining and common areas were observed with the following: sticky matter on the floors, garbage lying on the ground, two ice machine's tray with white debris on it and with the face of the ice machine dirty. Two popcorn machines were observed with the interior of the glass greasy and with moderate amounts of popcorn kernels adhered to the walls and in the basin. While making the observation of the popcorn machine, a staff member commented that it needed to be cleaned. The baseboards were observed with dust, and debris. The floors were observed with a moderate amount of dried spilled matter where residents were socializing.</p> <p>The first and second floor windowsills were observed to be dirty and with dead insects on the sills and in the tracking of the windows. The back door was observed with insect webs, dead insects, and leaves around the perimeter of the door. A dirty mop, dustpan and broom were observed stored against the wall amongst residents who were drinking sodas and socializing. An observation of the first-floor dining room revealed, damaged dry wall with a pile of dry wall debris within the proximity of food delivery carts.</p> <p>Throughout the first floor of the facility, the carpet looked as if not vacuumed and various debris was noted in the common areas, and in the resident hallways. Upon entering into the first-floor rehabilitation room, the access door to the outside was observed with three small white insect nests, webs, and dead insects. Debris were noted in between the carpet and floor mat.</p> <p>The rehabilitation room revealed the entire perimeter of the baseboards throughout had debris and dust. A visibly soiled dustpan and broom were observed stored against the wall amongst rehabilitation equipment. In the rehabilitation kitchen a Geri chair was observed to be stored in the area, the chair had a dried tan colored matter on the seat and backside. The rehabilitation kitchen was also observed with dried crumbs on the counter tops and stove. The inside and outside of the microwave was also observed to be unkempt.</p> <p>On 12/18/24 the following observations were made with the Housekeeping Manager (HM) G. During the tour, HM G acknowledged the findings were unkempt specifically around the baseboards. HM G confirmed dead insects, and webs amongst the residential common and rehabilitation areas.</p> <p>Review of the facilities policy titled; Housekeeping Services dated 2/2023 documented: .promote a sanitary environment . Housekeeping Services play a large role in maintaining a clean healthcare environment .</p>		