STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235479	A. Building B. Wing	03/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency at Livonia	14900 Middlebelt Road 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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to prepare food in accordance with professional standards for food service safety, resulting in the potential to spread food borne illness among all residents that consume food from the kitchen. Findings include: On 03/01/2026 during an initial observation of the kitchen between 9:00 AM- 9:30 AM, the following items were observed: There were no paper towels in the paper towel dispenser at the handwashing sink. On 03/01/2026 at 9:45 AM, Dietary Manager (DM) K confirmed the empty paper towel dispenser. In the walk-in cooler, there was a pool of spilled milk on the floor, an opened, undated 1 gallon container of Italian Dressing, an undated container of prepared tuna salad labeled tuna, and an undated container of cut onions. On 03/01/2026 at 9:45 AM, DM K confirmed the items should be dated. According to the 2022 FDA Food Code section 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking. (A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under S 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, READY-TOEAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. (B) Except as specified in (E) -(G) of this section, refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than 24 hours, to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and: (1) The day the original container is opened in the FOOD ESTABLISHMENT shall be counted as Day 1; and (2) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on FOOD safety . On a clean dishware rack, there were 2 stacks of wet metal pans. On 03/01/2026 at 9:45 AM, DM K confirmed that clean pans should be dry before stacking. According to the 2022 FDA Food Code section 4-901.11 Equipment and Utensils, Air-Drying Required. After cleaning and SANITIZING, EQUIPMENT and UTENSILS: (A) Shall be air-dried or used after adequate draining as specified in the first paragraph of 40 CFR 180.940 Tolerance exemptions for active and inert ingredients for use in antimicrobial formulations (food-contact surface SANITIZING solutions), before contact with FOOD. In the dining room, there were 2 uncovered stacks of clean plates. On 03/01/2026 at 9:45 AM, DM K stated the plate warmer should have been covered when not in use. On 03/01/2026 at 9:50 AM, in the dry storage room in the basement, there was standing water on the floor in several spots. when queried, DM K' stated it was ground water that had seeped in from the exterior walls and stated it was an ongoing problem. On 03/01/2026 at 10:00 AM, the Administrator was queried regarding the stormwater in the basement and stated that they have had a company out to address the issue and are waiting to have the issue fixed.

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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain a safe, homelike environment affecting two residents (R31 and R78) of two reviewed for environment. Findings include:R31 On 03/01/26 at 9:51 AM, R31 was observed lying in bed facing the wall in their room. Areas of large white peeling paint were observed on the wall next to their bed. When asked about the peeling paint on the wall, R31 stated they didn't like it and wished it was fixed. Medical record review revealed R31 was admitted on [DATE] with the following medical diagnoses of Interstitial Pulmonary Disease, Anxiety Disorder and Depressive Disorder. A review of the Minimum Data Set (MDS) assessment dated [DATE] indicated R31's Brief Interview of Mental Status assessment score was 14/15 indicating intact cognition. R78 On 3/01/26 at 10:15 AM, the veneer covered windowsill was noted to be half covered due to paint peeling which exposed a raw wooden edge. The wooden edge was splintered and had sharp areas. R78's bed was noted to be pushed against the sill. Further observation revealed the plastic light cover on the ceiling was broken and the railing which held the privacy curtain was hanging down off the ceiling. Medical record review revealed R78 was admitted on [DATE] with the following medical diagnoses of Nontraumatic Intercranial Hemorrhage and Dementia. A review of the Minimum Data Set (MDS) assessment dated [DATE] revealed R78's Brief Interview of Mental Status assessment score was 99 indicating severely impaired cognition. R78 is nonverbal and unable to communicate their needs. On 3/02/26 a tour of or R31 and R78 rooms was held with Nursing Home Administrator (NHA). The NHA was asked about areas of concern. The NHA upon observing the rooms stated, these rooms are in need of repair and confirmed all of the residents to be able to live in a safe, homelike environment. A review of the facility's policy titled, Resident Rights dated 9/01/13 and revised 5/14/17 revealed that residents have the right to a safe, clean, comfortable and home-like environment, including but not limited to receiving treatment and support for daily living safely. On 3/1/26 between 1:30 pm- 2:00 pm, the following items were observed: room [ROOM NUMBER]: There were numerous missing baseboards inside the room. room [ROOM NUMBER]: The front cover for the baseboard heater was detached and hanging down off the unit. room [ROOM NUMBER]: There was a large piece of acrylic sheet plastic propped up against the wall at the front entrance of the room. When queried on 3/1/26 at 2:25 pm, Maintenance Supervisor L stated the sheet plastic must have become detached from the wall. The handrail in the hallway outside room [ROOM NUMBER] was cracked and sharp to the touch. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	room [ROOM NUMBER] and 119: The wardrobe closets were not secured to the wall and were unsteady and could easily be rocked from side to side. When queried on 3/1/26 at 2:30 pm, Maintenance Supervisor L confirmed the unsteady wardrobe closets and stated that they should be secured to the wall.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to develop a current vision care plan for one resident (R22) out of five residents reviewed for comprehensive care plans. Findings include:On 03/01/26 at 10:30 AM, R22 was observed lying in the bed under the covers. When asked if they had any concerns, R22 said they had dropped the bed remote and could not see due to blindness.A review of R22's medical record revealed they were admitted into the facility on 8/08/25 with diagnoses of Glaucoma, Legal Blindness and Hypotension. A review of R22's Minimum Data Set (MDS) assessment dated [DATE] revealed, R22's Brief Interview for Mental Status assessment score was a 7/15 indicating impaired cognition.Further review of R22's medical record revealed there was no vision care plan as it had been resolved on 10/5/25. On 3/03/26 at 2:00 PM, an interview with Social Worker J occurred and they were queried regarding the date the care was resolved and confirmed the care plan had been resolved accidently. A copy of the facility's care plan policy was requested but not received by the end of survey.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to apply heel protection boots for one resident (R53) out of three reviewed for care interventions. Findings include:On 3/1/2026 at 9:48 AM, R53 was observed lying in bed sleeping with their heels resting on the mattress. A pair of heel protection boots were noted to be on the dresser.A review of the medical records reviewed R53 admitted into the facility on [DATE] with the following medical diagnoses, Protein-Calorie Malnutrition and Type 2 Diabetes Mellitus. A review of the most recent Minimum Data Set (MDS) assessment revealed a Brief Interview for Mental status (BIMS) score of 3/15 indicating an impaired cognition. R53 also required staff assistance with bed mobility and transfers.Further review of the physician's orders revealed the following, Order date: 1/23/2026.Status: Active.Description: Heel lift boots while in bed.On 3/1/2026 at 11:00 AM, an interview was conducted with Licensed Practical Nurse (LPN) C. LPN C was asked if R53 had any wounds on their heels. LPN C reported they did not believe so, but they were not assigned to care for the resident that day. On 3/1/2026 at 11:51 AM and 2:00 PM, R53 was observed lying in bed. No heel protection boots were in place, and their heels were resting on the mattress.On 3/3/2026 at 12:56 PM, an interview was conducted with Wound Care Nurse (WCN) A. WCN A reported R53 had a diabetic ulcer on their right heel that has since healed and the boots are preventative, so it does not reopen. WCN A reported they expect for the heel protection boots to be put on R53 by floor staff when wound care is not in the facility.A review of a facility policy titled, Physician's Orders noted the following, Physician's orders are obtained to provide a clear direction in care of the resident.

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to implement pressure ulcer interventions for one resident (R11) out of three reviewed for pressure ulcers. Findings include:On 3/1/2026 at 10:49 AM, R11 was observed lying in bed, unable to answer interview questions. A purple wedge pillow that is used to assist in repositioning, was observed sitting on R11's bedside table. R11 was noted to be lying on their back, with the head of the bed lying flat.A review of the medical record revealed R11 was admitted into the facility on [DATE] with the following medical diagnoses, Moderate Protein-Calorie Malnutrition and Muscle Wasting and Atrophy. A review of the most recent Minimum Data Set (MDS) assessment revealed a Brief Interview of Mental Status (BIMS) score of 99, indicating the resident was unable to complete the assessment. R11 also required staff assistance with bed mobility and transfers. Further review of the medical record revealed the following wound care note, .Wound #1 sacrum is a chronic unstageable pressure injury.has received a status of not healed.Initial wound encounter measurements are 2.6 cm (centimeters) length x 2.9 cm width x 0.2 cm depth.Off-loading.Other-Pressure relief chair cushion.Further review of the care plan revealed the following pressure ulcer interventions: Date initiated:1/6/2026. Positioning wedge Date initiated:12/1/2025. Turn and reposition frequently and PRN (as needed)On 3/1/2026 at 11:28 PM, R11 was observed lying on their back, with the head of bed lying flat. The purple wedge pillow was noted to be on the bedside table.On 3/1/2026 1:45 PM, R11 was observed lying on their back, with the head of bed lying flat. The purple wedge pillow was noted to be on the bedside table. On 3/3/2026 12:42 PM, R11 was observed to be up in a geri-chair, no pressure reducing cushion was noted to be in chair. On 3/3/2026 at 12:54 PM, an interview was conducted with Wound Care Nurse (WCN) A. WCN A reported R11's wound was facility acquired when the resident began declining, refusing to eat, signed onto hospice services, and the wound began to deteriorate. WCN A reported the everyday interventions in place for the pressure ulcer include the wedge cushion to assist with repositioning and turning as tolerated. WCN A reported R11 has a pressure relieving cushion that should be used when they are in the chair, and they were unsure why it was not placed.A review of a facility policy titled, Skin Management noted the following, .Residents with wounds and/or pressure injury and those at risk for skin compromise are identified, evaluated and provided appropriate treatment to promote prevention and healing. Ongoing monitoring and evaluation are provided to ensure optimal resident outcomes.

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to adequately monitor an intravenous (IV) medication for one resident (R1) of one resident reviewed for medication monitoring. Findings include: Review of the physician's orders revealed an order dated 2/3/26 (Tuesday) for Vanco (Vancomycin-antibiotic) trough (lowest level of antibiotic) every Monday.fax results to Infectious Disease .The next Vanco trough was due on 2/9/26 (Monday), however a blood sample was collected on 2/10/25 (Tuesday) with the result of no sample received. The next Vanco trough was due on 2/16/26 (Monday), however a blood sample was collected on 2/18/26 (Wednesday) with the result of no sample received.Review of the clinical record revealed R1 was admitted to the facility on [DATE] with the following diagnoses: Sepsis due to Methicillin Resistant Staphylococcus Aureus, Diabetes Type 2, Congestive Heart Failure and Epilepsy. R1's Minimum Data Set (MDS) dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 10/15 indicating moderate cognitive impairment and was dependent on staff for activities of daily living (ADL) and mobility.A progress note dated 2/19/26 authored by Registered Nurse (RN) E documented they had received a call from Infection Control Physician (ICP) I from an outside hospital requesting trough levels for the Vancomycin and reported there were no results for Vancomycin trough levels.On 3/3/26 at 2:00 PM, an interview with the Director of Nursing (DON)/Acting Infection Control Nurse (DON/ICN) confirmed the Vancomycin trough level was not completed on 2/10/26 or 2/18/26. No further vancomycin trough values were located.A review of the policy Medication Monitoring Policy 6.02, effective date 1/1/2021 documented; .trough concentration is lowest level in the blood and should be drawn from 30 minutes to immediately before the next dose .vancomycin monitoring is recommended weekly for trough levels weekly to determine the lowest plasma (blood) concentration levels .prescriber or pharmacist should verify whether a dose of the medication should be held until lab results are received.