

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235617	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2024
NAME OF PROVIDER OR SUPPLIER Regency Manor Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7700 McClellan Utica, MI 48317	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>32220</p> <p>This citation pertains to MI00142236 and MI00142614.</p> <p>Based on observation, interview, and record review, the facility failed to ensure food items and the kitchen were maintained in a safe and sanitary manner with the potential to affect all residents of the facility. Findings include:</p> <p>On 03/06/24 at 11:10 AM, a tour of the kitchen areas was conducted with the dietary manager and revealed:</p> <p>A large can of beans was observed to have rust on the bottom rim of the can. This was observed along with three cans of fruit (diced pear, mandarin oranges), a case of canned corned beef hash, a bag of corn flakes, and a bag of puffed rice puff cereal. This was reported by the Dietary Manager as the facility emergency food supply. A chest freezer next to this area had a bag of pizza rolls open the air of the freezer.</p> <p>The chest style vegetable freezer had frost build up along the top inside edge and on the rear wall of the freezer. The top seal (between the rim and lid) was firm/hard and not pliable to the touch and did not appear fully fitted to the rim. There was rust on the outside of the freezer box and lid which extended side to side.</p> <p>The upright meat freezer had frost and ice buildup at the bottom of the freezer 1/4 to 1/2 inch and more. It was thick and opaque. The inside bottom of the freezer was rusted side to side and front to back. Blood was spilled on the inside of a shelf on the door. The plastic casing at the interior front edge was cracked along the bottom.</p> <p>The chest style dairy freezer had frost build up side to side along the back wall of the freezer greater than a half inch thick.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235617	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2024
NAME OF PROVIDER OR SUPPLIER Regency Manor Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7700 McClellan Utica, MI 48317	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The upright unit reported as the holding refrigerator by the dietary manager had pans of chicken thighs for lunch, two vegetable/gravy pans, a pan of chicken fried steak (for dinner) and two divided plates with pureed food in them. The food pans were warm to the touch. The inside of the refrigerator did not feel cold and the temperature gauge indicated 58 degrees Fahrenheit. The dietary manager did not readily remove the items from the refrigerator and reported they were just there temporarily for lack of space to put them. This unit had rust patches side to side and rusty scratches front to back on the inside floor of the unit and ice buildup (not frosted) on the lower third of the inside back wall greater than an inch thick. The dietary manager reported the rust on the refrigerator and freezer units had been like that during the last two years they had worked at the facility. The lid to the brown sugar was askew and did not seal the container. A few areas of white (possibly dried) appeared on the surface of the brown sugar. A log for the cooling food was not provided.</p> <p>Staff were observed to prepare sandwich and food items in the main kitchen area. The door was open to the outside and the screen door was propped open with milk crates. The dietary manager commented that it gets warm in the kitchen and removed the milk crates which blocked the egress of the stairway. Half pint milk containers in the beverage refrigerator were sticky and a few were stuck together and not easily pulled apart. The paint on the wall behind the steam table was observed to be peeling and revealed the light colored wall underneath. Soil, food particles, and a straw wrapper were observed at the base of the wall and along the wall to the right hand corner. The tan colored soil collected in a triangular area in the corner beneath the pest strip. Uncovered and uncooked rolls were in a sheet pan on top of the steam table. Food debris and other particles were observed on the top of the standing plastic bins for the corn meal, flour and sugar.</p> <p>On 03/06/24 at 3:00 PM, the two vegetable/gravy food pans, and one puree divided plate remained in the holding refrigerator, The temperature was 58 degrees. The thighs had been served for lunch, the pan of country fried steak was out, two pans of food still in, porter reports no mold seen in kitchen. The dietary manager later reported the holding refrigerator was not working and would no longer be used.</p> <p>On 03/06/24 at 1:53 PM, the findings observed in the kitchen were reviewed with the Director of Nursing (DON), who reported the expectation was that the residents are served meals and the kitchen was maintained in a safe and sanitary manner and things should be done in the right way.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235617	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2024
NAME OF PROVIDER OR SUPPLIER Regency Manor Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7700 McClellan Utica, MI 48317	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A review of the facility policy titled, Food Safety Requirements implemented 10/26/2022, revealed: Policy: It is the policy of this facility to procure food from sources approved or considered satisfactory by federal, state and local authorities. Food will also be stored, prepared, distributed and served in accordance with professional standards for food service safety .Dry food storage - keep foods/beverages in a clean, dry area off the floor and clear of ceiling sprinklers, sewer/waste disposal pipes, and vents. c. Refrigerated storage - foods that require refrigeration shall be refrigerated immediately upon receipt or placed in freezer, whichever is applicable. Practices to maintain safe refrigerated storage include: i. Monitoring food temperatures and functioning of the refrigeration equipment daily and at routine intervals during all hours of operation; ii. Placing hot food in containers (e.g., shallow pans) that permit the food to cool rapidly; .iv. Labeling, dating, and monitoring refrigerated food, including, but not limited to leftovers, so it is used by its use-by date, or frozen (where applicable)/discarded; and v. Keeping foods covered or in tight containers. 4. When preparing food, staff shall take precautions in critical control points in the food preparation process to prevent, reduce, or eliminate potential hazards .Foods and beverages shall be distributed and served to residents in a manner to prevent contamination and maintain food at the proper temperature and out of the Danger Zone . Additional strategies to prevent foodborne illness include, but are not limited to: .d. Proper refrigeration of meat, poultry, and pasteurized dairy products.</p> <p>A review of the policy titled, Monitoring of Cooler/Freezer Temperature implemented 11/1/2022, revealed, .It is the policy of this facility to maintain temperatures of coolers and freezers at the appropriate temperature to promote food safety .All refrigerated storage must be maintained at or below 41 F, unless otherwise specified by law.</p> <p>4. All frozen storage must be maintained at or -4 F, unless otherwise specified by law. 5. If temperatures are above 41 F for coolers or 10 F for freezer, the supervisor will be notified immediately for corrective action. a. The unit will be repaired as soon as possible. If the problem cannot be corrected within 2 hours, all food items will be relocated to another unit that can hold foods in an acceptable temperature range.</p> <p>b. Internal temperature readings of all perishables of potentially hazardous food shall be taken and discarded if not in an acceptable range. 6. All potentially hazardous foods will be chilled using one of the acceptable methods .Food will never be stored directly above or in contact with ice.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235617	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2024
NAME OF PROVIDER OR SUPPLIER Regency Manor Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7700 McClellan Utica, MI 48317	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32220</p> <p>This citation has two deficient practices.</p> <p>This citation pertains to Intakes MI00142236 and MI00142614.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a clean and safe environment was maintained, this practice had the potential to affect all residents that reside in the facility. Findings include:</p> <p>On 03/06/24 at 8:10 AM, on entry into the facility the cover had fallen off the baseboard heater in the entry lobby to the facility and laid on the floor. This revealed vertical fins/tines that were bent and smashed.</p> <p>At 8:48 AM, during a facility tour, the following was observed;</p> <ul style="list-style-type: none"> -room [ROOM NUMBER], there was a urine odor, clothes piled on floor in closet, plastic bin on side, plastic hangers, holes on left hand wall, 18 screw size holes near a tv mount, and the center of bed was faded. -room [ROOM NUMBER], cable raveled up behind dresser at window, paint chipped, epoxy at corner or right hand window, cabinet doors that do not close, observed staff into sweep, but room dirty middle area of floor, linen appears dirty/dingy, pillow for bed B without pillow case, tattered and visably soiled linen, names written on wall, floor tile dull and cob webs along walls and behind door. -room [ROOM NUMBER], no privacy curtain, no toilet paper in dispenser, paper towel does not dispense from dispenser. -room [ROOM NUMBER], gaps for double hung windows, edge of formica loose at left/right edges of counters edge of counter, bed pan straws, tooth paste, brief in drawers, soil build up around toilet brush holder, dust build up visible top of baseboard heater, paint chipped hole in wall at baseboard left side of door to this bathroom junction box covered with foil, cover to light in hall flourescent cracked in three places, brown build up behind toilet onto caulk, soiled brown build up in soap dish, foil covers one socket on outlet, holes below soap dish in tile, from prior dispenser placement, [NAME] around toilet yellowed, and baseboard around bathroom appears soiled. -room [ROOM NUMBER], foil along window, screw holes in wall, drawers off runners, bed mattress faded in center, crack in middle room ceiling, two tiles with corner broken out, and a drip down the wall. -room [ROOM NUMBER], misssing paint on right side of frame, dining room basboard heater covers held on with metal strap, cover peeling from right hand door has been painted prior, no toilet paper dispenser, toilet roll on top of toilet tank, horizontal grab bar rail in bathroom is loose and moves when weight applied, mismatched knobs on hand sink, cabinet is soiled, door missing from right hand cabinet, and hinges have been removed. <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235617	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2024
NAME OF PROVIDER OR SUPPLIER Regency Manor Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7700 McClellan Utica, MI 48317	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-room [ROOM NUMBER], base board loose at closet corner, front edge of dresser missing veneer, cracks in tile,</p> <p>foil along vertical edges of windows, and a brown splatter right side outside door to bathroom.</p> <p>-room [ROOM NUMBER], brown spatter behind head of bed onto wall, cove base is loose, mold or mildew at base of wall on bathroom side, paint missing/chipped caulk irregular around toilet, missing in spots gaps in floor tiles, dust build up on toilet paper dispenser, caulk around base is rough and soiled, and chair rail at left side entry to bathroom is loose.</p> <p>-room [ROOM NUMBER], dresser with missing handle bottom drawer, noted foil on gaps vertical blinds soiled along tracks, and wheelchair rub marks along closet door.</p> <p>-room [ROOM NUMBER], rub marks right hand entry wall, mountings for curtains irregular to drop down below sprinkler.</p> <p>At 11:49 AM, all reviewed identified items for environmental concerns with the Maintenance Director. The Maintenance Director attempted to rub off the identified black mold and it did not rub off.</p> <p>At 1:53 PM, the Director of Nursing (DON) was asked about the identified environmental concerns and said, linen should be changed daily, if prefer every other day, if the linen is soil they have to changed, privacy curtains one of the project the facility is working on, and paint should not be chipping. The resident's rooms should be clean and comfortable.</p> <p>28776</p> <p>Based on observation, interview and record review, the facility failed to maintain tube feeding equipment in a clean and sanitary condition for one (R904) of two residents reviewed for tube feeding. Findings include:</p> <p>Review of the facility record for R904 revealed an original admitted [DATE] with diagnoses that included Dementia, Pulmonary Embolism and Gastrostomy Status. The Minimum Data Set (MDS) assessment dated [DATE] indicated the resident required total assistance for all activities of daily living.</p> <p>On 03/06/24 at 1:49 PM, R904 was observed laying in bed. R904 was not able to interact verbally and responded to the surveyor with minimal eye movements. R904's tube feed/IV (intravenous) pole was observed to be significantly soiled with tube feeding liquid caked at the bottom of the pole and on all four base legs.</p> <p>On 03/06/24 at 2:18 PM, the facility Director of Nursing (DON) observed the feeding tube pole/base for R904 with the surveyor and reported that it should never be as thoroughly soiled as it was. The DON reported the expectation regarding cleanliness of the equipment is that the pole/base should be cleaned any time it becomes soiled at all as soon as possible as the feeding material requires significantly more effort to clean after it has dried.</p> <p>Review of the facility policy Environmental Services dated 04/10/20 revealed the Deep Cleaning Procedures section which included the entry For deep cleaning (of resident room) the following must be done: 14. Any equipment cleaned and disinfected; including IV or enteral feeding poles.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235617	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2024
NAME OF PROVIDER OR SUPPLIER Regency Manor Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7700 McClellan Utica, MI 48317	

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 0924</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Put firmly secured handrails on each side of hallways.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32220</p> <p>This citation pertains to Intakes MI00142236 and MI00142614.</p> <p>Based on observation, interview, and record review, the facility failed to ensure handrails were firmly mounted to the wall in the upper hallway affecting five of five residents who lived in rooms along the hallway, resulting in the potential for falls. Findings include:</p> <p>On 03/06/24 at 9:34 AM, during a tour of the facility a hand rail was observed to separated at the inside corner at the right side of the food service elevator. The rail to the right of the kitchen/break room door was loose and easily jiggled. The railing left of the food service lift door was loose and the brackets moved with the railing. The left end of the handrail at right side of the office door was loose and easily jiggled when grasped. The hand rail between the bathroom and room [ROOM NUMBER] jiggled when pressure was applied. The handrail between room [ROOM NUMBER] and second bathroom jiggled when grasped. A section of handrail between room [ROOM NUMBER] and a third bathroom jiggled when pressure was applied.</p> <p>On 03/06/24 at 11:49 AM room the hand rail concerns were observed with and acknowledged by the maintenance supervisor.</p> <p>On 03/06/24 at 1:53 PM, environmental concerns were reviewed with the Director of Nursing (DON), who reported the environment should be maintained to ensure the safety of the residents.</p> <p>A policy related to the maintenance of the handrails was requested on 03/06/24 but not recieved prior to survey exit.</p>