

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 01/23/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>34851</p> <p>This citation pertains to Intake MI00149636.</p> <p>Based on interview and record review, the facility failed to provide evidence of a comprehensive facility-wide infection control program encompassing outcome and process surveillance, accurate data collection/documentation/analysis, identifying, preventing, reporting, investigating and treating infections potentially affecting all 32 residents residing in the facility. Findings include:</p> <p>On 1/24/25 at 12:03 PM, the Nursing Home Administrator (NHA) report the Director of Nursing (DON) was not at the facility. A request was made to review the infection control program, the NHA reported they would have to look in the Infection Control Program book in the DON's office. The NHA later provided the Infection Control Program book which revealed no documentation of a encompassing outcome and process surveillance, and accurate data collection/documentation/analysis. The NHA reported the DON was on vacation and when contacted, the DON was asked about the documentation and reported the documentation was with them.</p> <p>A review of the facility's policy, titled, Infection Prevention and Control Program dated, 3/13/24, noted, Policy: This facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines . Policy Explanation and Compliance Guidelines: 1. The designated Infection Preventionist is responsible for oversight of the program and serves as a consultant to our staff on infectious diseases, resident room placement, implementing isolation precautions, staff and resident exposures, surveillance, and epidemiological investigations of exposures of infectious diseases .</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 235617
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