

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 05/05/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44750</p> <p>This citation pertains to Intake MI00152611.</p> <p>Based on observation, interview, and record review, the facility failed to provide adequate monitoring and supervision for one resident (R700) out of 14 reviewed for supervision. Findings include:</p> <p>A review of a Facility Reported Incident (FRI) noted the following, .On April 21,2025, one of the neighbors came to the door to let staff know that one of our residents was walking down the street. The staff immediately ran outside and saw that it was [R700]. The CNA (Certified Nursing Assistant) ran up the street to walk [R700] back and the nurse ran back to get her car to bring [R700] back to the facility. Staff noted the dining room alarm was not working properly so door alarm did not sound when [R700] went out the dining room.</p> <p>A review of the medical record revealed R700 admitted into the facility on [DATE] with the following medical diagnoses, Dementia and Insomnia. A review of the most recent Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 99, indicating an impaired cognition. R700 also required minimum staff assistance with bed mobility and transfers and was at risk for elopement.</p> <p>On 5/5/2025 at 9:39 AM, A tour of the facility was conducted with the Nursing Home Administrator (NHA). The door in the dining room was observed where R700 exited the facility. The area was partially fenced, with an open area that led to the sidewalk. The door was noted to not have a lock on it. The NHA reported R700 eloped and made it about a block away before staff were alerted and they went and brought them back to the facility.</p> <p>On 5/5/2025 at 10:03 AM, an interview was conducted with CNA A. CNA A reported they were working day shift when R700 eloped. CNA A reported they were aware R700 was an elopement risk and was sitting with them in the dining are where the door is located, along with other day shift staff. CNA A indicated they got up around 7:00PM when it was shift change to round and give report to the oncoming shift. CNA A reported during report a man came banging on the door and stated one of the resident's were walking down the street. CNA A reported they all ran outside and saw R700 down the street. CNA A reported when they got R700 back in the facility.</p> <p>On 5/5/2025 at 11:27 AM, an interview was conducted with Maintenance D. Maintenance D reported they were unaware that the door alarm was not functioning properly, or they would have had a vendor come in and fix it immediately. Maintenance D indicated the door has a loud alarm when functioning.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the monthly maintenance checklist revealed that the door was last checked on 4/18/2025.</p> <p>On 5/5/2025 at 12:14 PM, an interview was conducted with the Director of Nursing (DON). The DON reported they have been giving R700 a lot more activities and taking him outside more with supervision, as well as frequent observation and positive redirection. The DON reported that R700 was placed on a 1:1 until the door was fixed.</p> <p>On 5/5/2025 at 12:30 PM, R700 was observed sitting in the dining room with the activities staff. R700 was unable to complete an interview.</p> <p>A review of a facility policy titled, Elopements and Wandering Residents noted the following, This facility ensures that residents who exhibit wandering behavior and/or at risk for elopement receive adequate supervision to prevent accidents and receive care in accordance with their person-centered plan of care addressing the unique factors contributing [NAME] wandering or elopement risk.</p>