STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235617	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Manor Nursing & Rehabilitation Center	7700 McClellan Street Utica, MI 48317

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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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. This citation pertains to Intake number 3008091. Based on observation and interview, the facility failed to ensure an adequate supply of towels potentially affecting all 35 residents residing in the facility. Findings include: A complaint submitted to the State Agency (SA) revealed the following, No linens (towels) until late afternoon to change (the residents) .only one washing machine works .they expect the workers to use rags .to clean patients .hospice nurse could not care for patient due to lack of linens . On 05/20/2026 at 10:51 AM, Certified Nursing Assistant (CNA) K reported the supply of towels had run short off and on. At 10:53 AM, two towels were observed in the high side unit linen cart. On 5/21/26 at 11:00 AM, the facility linen closet was observed to be empty of towels. On 5/21/26 at 11:10 AM, Housekeeping Supervisor (HS) A was asked about the lack of towels in the linen closet and proceeded to accompany the surveyor up to the second floor of the facility into one of the offices and indicated extra towels and other linen were stored in that room. Observation was made of five towels available. HS A indicated the facility was waiting on additional clean towels from a laundry drop off from a sister facility. At 11:26 AM, HS A further indicated both washers at the facility were not operating and laundry was sent out approximately three times per week to a sister facility to be washed. HS A confirmed they were unsure of the number of towels (and other linens) sent out and returned when laundered. On 5/21/26 at 1:34 PM, the Acting Director of Nursing (ADN) was interviewed and asked about the lack of towels and confirmed both facility washing machines were offline. The ADN indicated their expectation was for all residents to have towels as needed. On 5/21/26 at 8:29 AM, a laundry policy was requested but not received by survey exit.

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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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide Advance Beneficiary Notice of Non-coverage (SNF ABN) and Notice of Medicare Non-coverage (NOMNC), at least 48 hours (two days) before the end of coverage for one resident (R34) of three reviewed for Beneficiary notice, Findings include: A review of the facility's list of residents that had been discharged in the last 60 days from Medicare coverage revealed one resident (R34).A review of R34's NOMNC coverage form noted, therapy services to end on 4/4/26. The form revealed, R34 signed the form on 4/3/26, one day prior to therapy services to end. A review of R34's SNF/ABN form was also noted to be signed on 4/3/26 for the cost to continue therapy services at the facility.On 5/21/2026 at 2:27 PM, R34 was asked if they were aware the form was supposed to be given at least two days ahead of the coverage ending and said they had been signing a lot of papers, and their memory is not as good as it used to be.A review of R34's medical record noted R34 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis of Osteomyelitis, Left Ankle and Foot. A review of R34's Minimum Data Set (MDS) assessment noted R34 with intact cognition. On 5/21/2026 at 3:30 PM, the Business Office Staff (Staff L) was asked about the delivery of the coverage forms. Staff L reported they were notified on 4/2/26 via email by the corporate office that R34's coverage was ending. Staff L continued and explained they then delivered the forms to R34 on 4/3/26 confirming they understood the notice to be done at least two days ahead of the coverage ending. At that time a verbal request was made for Staff L to provide a facility policy to address the above concern regarding delivery notice of the Medicare coverage ending. A policy was not provided by the end of the survey.

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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 care plan that addressed the complete care needs and behaviors of the residents for three residents (R13, R15, R34) of 12 sampled residents whose care plans were reviewed. Findings include:R13 On 05/20/26 at 9:30 AM, R13 was observed lying on their back with their eyes closed in the bed. A review of R13's medical record revealed that they were admitted into the facility on 2/12/26 with diagnoses of Hemiplegia and Hemiparesis following cerebral infarction affecting left non-dominant side; Dysphagia; and Hypertension. A review of 13's Brief Interview for Mental Status assessment score was a 00 indicating severely cognitively impaired cognition. Further review of the medical record revealed that R13 had been referred to restorative therapy for three times a week for twelve weeks on 2/18/26. There was no care plan or records found for restorative treatments. On 05/21/2026 at 11:20 AM, Social Worker J was asked about the care plans not being available in the chart for R13. SW J stated there was a recent transition in systems and the care plan may not have been carried over. On 05/21/26 at 2:30 PM, the Acting Director of Nursing reported they were unaware R13 was receiving restorative services. R15 On 05/20/26 at 9:45 AM, R15 was observed lying in bed looking at a magazine. R15 stated they were concerned about their care and wanted to go home. On 05/21/26 at 9:25 AM, R15 was observed refusing medication from nurse in their room staying the medications do not help them anymore. A review of R15's medical record revealed they were admitted into the facility on 2/05/25 with diagnoses of Cerebral infarction; Benign prostatic hyperplasia; and adjustment disorder with mixed disturbance of emotions and conduct. Further review revealed R15 was cognitively intact. Further review of the medical record revealed R15 refused medications daily for several months. A review of R15's care plans did not reveal a care plan with a focus on refusal of care. A policy related to care planning for residents was requested on 05/21/26 at 2:30 PM but not provided prior to survey exit. R34 On 05/20/2026 at 3:16 PM, a review of the facility provided list of smokers identified R34 as a resident who smoked. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 05/21/2026 at 8:26 AM, the Social Worker reported R34 as a resident who they had seen smoking. On 05/21/26 at 1:05 PM, R34 was observed on the patio outside the dining room smoking. A review of the electronic medical record for R34 revealed R34 was admitted into the facility on [DATE] and readmitted on [DATE]. R34's diagnoses included Diabetes and High Blood Pressure. A review of the active care plan revealed no care plan related to R34's smoking. On 05/21/26 at 3:24 PM, the acting Director of Nursing reported a smoking care plan should be in R34's plan of care. A copy of the smoking care plan was requested but not received prior to survey exit.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Intake 2966095. Based on observation, interview, and record review, the facility failed to implement and document a restorative exercise program for two residents (R13, R31) of three residents reviewed for restorative needs. Findings include: R13 On 05/20/26 at 9:30 AM, R13 was observed lying on their back with their eyes closed in the bed. A review of R13's medical record revealed that they were admitted into the facility on 2/12/26 with diagnoses of Hemiplegia and Hemiparesis following cerebral infarction affecting left non-dominant side and Hypertension. A review of 13's Brief Interview for Mental Status assessment score was a 00 indicating severely cognitively impaired cognition. Further review of the medical record revealed R13 had been referred to restorative therapy for three times a week for twelve weeks on 2/18/26. There was no documentation found for restorative treatments. On 05/21/2026 at 11:30 AM, Restorative Aide I reported R13 had not been on their caseload nor received restorative services. On 05/21/26 at 2:30 PM, the Acting Director of Nursing reported they were unaware R13 was supposed to be on restorative caseload. R31 On 05/20/2026 at 9:17 AM, R31 was observed to be in bed. R31 was leaned over at the left edge of the bed. R31 reported they had a stroke about two years ago with the right side affected. The resident reported they had therapy but was not currently on therapy case load and was not on a restorative program. At 1:03 PM, R31 continued to lean toward the left side of bed as before. The resident was feeding themself from a tray at the left side of the bed. A review of the physical therapy evaluation dated 02/17/26 documented the right and left upper extremity strength as impaired' recommend (Restorative Nursing Program) RNP to maintain (Range of Motion) ROM and ms (muscle) strength. An occupational therapy evaluation dated 02/18/26 documented the right and left lower extremity strength as impaired, sitting during activities of daily living as poor and in need of assistance to feed themself. A review of the document titled Restorative Care Program dated 02/18/26 revealed Goals for Restorative Program: To maintain (Range of Motion) ROM and (Muscle) MS strength on (bilateral) B (lower extremity) LE and (upper extremity) UE. Approach/Recommendations for implementation for above goals: (Active) AAROM exercise and AROM exercise on B LE and UE for 15 reps (repetitions) times two (sets). Frequency - Three times a week times twelve weeks. A review of the electronic medical record (EMR) for R31 under the tasks tab revealed no current or cancelled restorative program or notes. A review of the EMR revealed R31 was admitted in the facility 02/13/26. R31's diagnoses include Right Side Paralysis, High Blood Pressure and Depression. The Minimum Data Set (MDS) dated [DATE] indicated intact cognition and the need for substantial/maximal assistance for bed mobility, (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	rolling left to right in bed and dependent for most Activities of Daily Living (ADLs) except eating. A review of the active care plan and the stroke care plan initiated 02/23/26 and revised 05/20/26 revealed no interventions or revisions for restorative services or range of motion exercises. On 05/21/2026 at 2:18 PM, Restorative Aide I reported they were not able to do much restorative lately because they have been short staffed and work in many roles. The aide further reported they had not documented the restorative services provided to residents and had not spoken with the DON or Administrator about it. On 05/21/26 at 3:08 PM, the Acting Director of Nursing reported restorative services should be provided as recommended by the therapy department and documented. The Acting DON reported they had only the one restorative aide who performed multiple tasks and roles which included supply. A policy related to the positioning of dependent residents was requested on 05/21/26 at 2:28 PM but not provided prior to survey exit. A restorative policy was not provided.

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on interview and record review, the facility failed to have documented Registered Nurse (RN) coverage scheduled for at least eight consecutive hours, per day for seven days a week. Findings include:During the Staffing Task of the survey, a request was made to review six months of Daily Staffing Census/Postings. The daily postings that were provided revealed dates that did not indicate eight consecutive hours of RN coverage on the following dates 3/5, 3/6, 3/7, 3/8, 3/28, 3/29, 3/31, 4/14, 4/21, 4/24, and 4/28/2026.On 5/21/2026 at 3:12 PM, the Acting Nursing Home Administrator (ANHA) was asked if there were any other documentation that could be reviewed for RN coverage. The ANHA reported there were no other documents to provide.The facility did not provide a policy to address the above concern by the end of the survey.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure, medication and biologicals were discarded when expired and dated when opened in two of two medication carts and one of one medication rooms remained locked when not in use. Findings include: On [DATE] at 5:50 AM, in the high medication cart, a bottle of vitamin D was found with an expiration date of 05/2025. A container of glucose strips was not dated when opened. On [DATE] at 9:10 AM, in the low medication cart an umeclidinium 0.0625 mg (milligram) dry powder inhaler was not dated when opened on the box nor on the inhaler. On [DATE] at 9:42 AM, in the medication room refrigerator a tuberculin vial was dated opened [DATE] and expired. The door to the medication room was not latched and opened without the need to turn the handle or use a key. Licensed Practical Nurse (LPN) H reported the door to the medication room was supposed to be closed. At 12:50 PM and 2:24 PM the door to the medication room was not latched and closed. On [DATE] at 1:49 PM, tuberculin vial storage was reviewed on the World Health Organization (WHO) website and revealed, An opened tuberculin (PPD) vial must be discarded 30 days after opening, or by the manufacturer's expiration date, whichever comes first. Key Guidelines for Opened Tuberculin Discard Timeline: Once a tuberculin vial is punctured or opened, it should be used within 30 days. If the vial fluid changes color or the manufacturer's expiration date is reached before 30 days, it must be discarded immediately.On [DATE] at 3:08 PM, the identified medication storage concerns were reviewed with the Acting Director of Nursing (DON). The DON reported the tuberculin vial was good for thirty days after opening; The inhaler should have been dated when opened and the door to the medication room should be latched and locked.A policy related to medication storage and labeling was requested on [DATE] at 2:28 PM but not received prior to survey exit.

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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 maintain best practices in the food service area resulting in the potential to spread food borne illness to all residents that consume food from the kitchen. Findings Include:On 5/20/26 at 9:00 AM observed the following on a tour of the basement level kitchen with dietary supervisor (DS) B:The low temperature dish machine was operating with no chlorine detected by a test strip. DS B indicated that the chlorine supply was just changed but no chlorine was being dispensed. DS B indicated she was unsure of how to prime the pump and would follow up with a service technician by phone. DS B set up and tested quaternary sanitizer in the 3-compartment sink and indicated they would use that as a sanitize step for all cleaned equipment until the automatic dish machine was properly dispensing sanitizer. According to the 2022 FDA Food Code section 4-501.15 Warewashing Machines, Manufacturers' Operating Instructions. (A) A WAREWASHING machine and its auxiliary components shall be operated in accordance with the machine's data plate and other manufacturer's instructions.The dumbwaiter lift used to convey food carts between floors was soiled with an accumulation of debris and dirt build up. When asked about cleaning of this area, DS B said she was aware it needed more frequent cleaning. According to the 2022 FDA Food Code section 6-501.12 Cleaning, Frequency and Restrictions. (A)PHYSICAL FACILITIES shall be cleaned as often as necessary to keep them clean. Two clean equipment storage units were observed with shelves covered in aluminum foil. When queried, DS B said it was to provide a clean surface to store equipment because there is rust build up on the surfaces and they are no longer easily cleanable.According to the 2022 FDA Food Code section 4-202.16 Nonfood-Contact Surfaces. NonFOOD-CONTACT SURFACES shall be free of unnecessary ledges, projections, and crevices, and designed and constructed to allow easy cleaning and to facilitate maintenance.On 5/20/26 at 11:45 AM, the ice machine in the main level hydration/supply room was observed with the water drip panel soiled with accumulation of a black mold-like substance. According to the 2022 FDA Food Code section 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils. (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch.A facility policy regarding kitchen/dietary equipment maintenance was requested but not provided for review by survey exit.

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. Based on observation and interview, the facility failed to properly dispose of waste and maintain the dumpster area to mitigate the presence of pests, potentially affecting all residents in the facility. Findings include:On 5/20/26 at 2:00 PM, the outdoor garbage enclosure was observed with the side door open, squirrels exited the dumpster on approach, and debris covered the ground throughout the enclosure (e.g. used gloves, food packaging, and bags of garbage). At the back side of the garbage enclosure a collapsing shed was full of debris.When queried at this time, the regional maintenance director (RMD) C and regional maintenance staff member D acknowledged the debris and need for removal and clean up. RMD C said the damaged shed was planned for demolition and removal. A facility policy regarding garbage removal was requested but not provided for review by survey exit.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to maintain cleanliness and ensure appropriate backflow prevention was installed at plumbing fixtures, resulting in the potential for the spread of pathogens and contamination to the water supply, affecting all 35 residents residing in the facility. Findings include: On 05/20/26 at 9:17 AM, in room [ROOM NUMBER], the sleeping area of the mattress for bed D was observed to be faded and worn with a tan and orange color verses the dark blue of the sides. The closet had three clear bags of clothes and more in a teal laundry basket on the floor. On 5/20/26 at 1:30 PM, a community bathroom used by the residents at the facility was observed with toilet paper on the floor which had a brownish substance on it. The toilet was observed to have urine in it and there were multiple sheets of damp paper towel on the floor. On 5/21/26 at 8:05 AM, an observation was made of the same bathroom having a brownish dirt-like substance on the floor in the shape of shoe prints. On 5/21/26 at 11:49 AM, an interview was conducted with Housekeeping Supervisor (HS) A and they were asked about observations made of the community bathroom used by the residents being dirty. HS A indicated that the housekeeper had probably not gotten to it. HS A indicated that the bathroom should be cleaned and remain clean on a consistent basis. HS A was asked about a housekeeping schedule and if a log was completed when things were cleaned. HS A indicated that they had no documentation related to that. On 5/21/26 at 1:34 PM, the Acting Director of Nursing (ADN) was interviewed regarding observations made of the community bathroom used by the residents being dirty. The ADN indicated that the bathroom should be monitored throughout the day and cleaned as needed. On 5/20/2026 at 11:45 AM, the main floor utility sink in the janitor closet was observed connected directly to the chemical dispensing system without a required backflow protection device installed at the faucet. On 5/21/26 at 10:51 AM, a facility policy regarding Cleaning and Environment was requested and not received by survey exit.