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	07/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Manor Nursing & Rehabilitation Center	7700 McClellan Street 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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure adequate supervision for one (R700) out of ten residents reviewed for accident hazards, resulting in hospitalization with a hematoma (pooling of blood after damage to the blood vessels) of the right forearm. Findings include:Review of an incident report dated 6/5/2026 revealed at approximately 8:25pm, Registered Nurse (RN) B was notified by another resident (R701) that R700 had left the facility. A search was conducted, and after approximately 15 minutes of searching the facility staff was notified by a neighbor that R700 had been found. R700 was subsequently returned to the facility via Emergency Medical Services (EMS). The incident report documented R700 told facility staff they had fallen, and that an assessment was performed on R700 with findings of a bruised right arm with intact skin and a small knot above their right eye. The physician was contacted and ordered R700 sent out to the hospital.Review of R700's electronic medical record (EMR) revealed they were admitted into the facility on 3/12/2026 with diagnoses of unspecified dementia and age-related physical debility. Review of R700's most recent Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 7, indicating impaired cognition.On 7/2/2026 at 9:22AM, an interview was conducted with R701. R701 stated they had seen R700 trying to enter the door code to exit the building for a couple of minutes, and that after an unsuccessful attempt, R700 then entered in the correct number and left the building. R701 said they did not see any staff members nearby when this occurred.On 7/2/2026 at 10:06AM, an interview was conducted with the facility administrator. The administrator said R700 and R701 had been near the front door together, and R701 reported to the nurse R700 had left the building. The administrator confirmed after R700 was found, they were assessed and then sent to the hospital.Review of a nursing progress note dated 6/7/2026 revealed R700 was admitted to the hospital and had a hematoma to right forearm.Review of R700's care plan for falls initiated 3/26/26 and last revised 6/13/2026 revealed R700 is at risk for falls due to deconditioning, gait/balance problems, and vision/hearing problems, and noted they had a fall on 6/3/2026 and 6/5/2026.Review of a Fall Risk Evaluation progress note dated 6/3/2026 revealed R700 had a history of 3 or more falls within the last 3 months, as well as intermittent confusion and balance problems.Review of a facility policy titled Fall Prevention Program, implemented 11/1/2022 and last revised 6/5/2026, revealed Each resident will be assessed for fall risk and will receive care and services in accordance with their individualized level of risk to minimize the likelihood of falls.

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