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	07/16/2025

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 provide eight hours of Registered Nurse (RN) coverage potentially affecting all 37 residents residing in the facility. Findings include:Review of the Daily Staff Postings for May 27 through May 30th, 2025, revealed May 27 did not have 8 hours of 24 hours of Registered Nurse (RN) coverage. Review of the Daily Staff Postings for June 1st through June 30th, 2025, RN coverage was missing 13 days of 30 days for that month. Review of Daily Staff Postings for July 1st through July 10th, 2025, RN coverage was missing two of 10 days for that month. On 7/16/25 at 1:20 PM, Timecard Reports were requested, but no other information was provided by the end of the survey.On 7/16/2025 at 1:30 PM, the Director of Nursing (DON) who was also the Nursing Home Administrator (DON/NHA) revealed they shared responsibility for ensuring there was 8 hours in 24 hours of RN coverage with Unit Manager (UM) Registered Nurse A. The NHA/DON further revealed there was difficulty filling and maintaining stable staffing and there were many call-ins. Documentation of staffing policies and RN coverage by the DON and UM A was requested but not received prior to 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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to maintain monthly medication regimen review (MRR) documentation (Pharmacy reviews) for nine residents (R6, R7, R11, R14, R25, R26, R32, R33 and R37) of nine reviewed for pharmacy medication review. Findings include: R37 A review of the record for R37 revealed R37 was admitted into the facility on [DATE]. Diagnoses included Anxiety, Depression, Diabetes, and Stroke. A review of the electronic medical record revealed no documentation of Medication Regimen Reviews by the pharmacist in the last 12 months. A review of the active Medication Administration Record (MAR) for July 2025 revealed 13 medications were administered daily. R37’s medications included daily antiseizure and antipsychotic medication. R33 A review of the record for R33 revealed R33 was admitted into the facility on [DATE]. Diagnoses included Schizoaffective disorder, Bipolar, Depression, and Hypertension. A review of the electronic medical records revealed no documentation of Medication Regimen Reviews by the pharmacist in the last 12 months. A review of the active Medication Administration Review (MAR) for July 2025 revealed that 12 medications were administered daily. R33's medications included daily high blood pressure and antipsychotic medication. R 6 A review of the record for R6 revealed R6 was admitted into the facility on [DATE]. Diagnoses included Schizophrenia, Anxiety, Depression, Bipolar, and Diabetes. A review of the electronic medical record revealed no documentation of Medication Regimen Reviews by the pharmacist in the last 12 months. A review of the active medication Administration Record (MAR) for July 2025 revealed nine medications were administered daily. R6's medications included daily antipsychotic and high blood pressure medication. R25 A review of the record for R25 revealed R25 was admitted into the facility on [DATE]. Diagnoses included Schizoaffective, Bipolar, Parkinsonism, and Diabetes. A review of the electronic medical record revealed no documentation of Medication Regimen Reviews by the pharmacist in the last 12 months. A review of the active Medication Administration Record (MAR) for July revealed thirteen medications were administered daily. R25's medications included daily antiseizure and antipsychotic medications. On 07/16/2025 at 12:02 PM, the MRR's for R6, R7, R11, R14, R33, R25, and R37 were requested from Staff E identified as the Infection Control preventionist and corporate consultant. Staff E reported they may have not been scanned into the medical record and would look into it. No MRR's had been uploaded into the electronic medical record or received prior to survey exit. R7 (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	A review of the record for R7 revealed R7 was admitted into the facility on [DATE]. Diagnoses included Dementia, Irregular Heartbeat and Lung Disease. A review of the electronic medical record revealed no documentation of Medication Regimen Reviews by the pharmacist in the last 12 months. A review of the active Medication Administration Record (MAR) for July 2025 revealed six medications were administered daily. R7's medications included daily opioids and antiseizure medication. R11 A review of the record for R11 revealed R11 was admitted into the facility on [DATE]. Diagnoses included Anxiety, Heart Disease, Lung Disease and High Blood Pressure. A review of the electronic medical record revealed no documentation of Medication Regimen Reviews by the pharmacist in the last 12 months. A review of the active Medication Administration Record (MAR) for July 2025 revealed eighteen medications were administered daily. R11 also received an opioid 16 times and a muscle relaxant four times. R14 A review of the record for R14 revealed R14 was admitted into the facility on [DATE]. Diagnoses included Dementia, Anxiety, Diabetes and High Blood Pressure. A review of the electronic medical record revealed no documentation of Medication Regimen Reviews by the pharmacist since admission. A review of the active Medication Administration Record (MAR) for July 2025 revealed eleven medications were administered daily. R14's medication included antipsychotics and insulin. R32 A review of R32's electronic medical record (EMR) revealed that R32 was admitted to the facility on [DATE] with diagnoses that included Schizophrenia and Generalized Anxiety Disorder. R32's most recent minimum data set assessment (MDS) dated [DATE] revealed that R32 had an intact cognition and required assistance with all activities of daily living (ADLs) other than eating. Further review of R32's EMR revealed that the resident was prescribed the following psychotropic medications, Mirtazapine 7.5 mg. (milligrams), Olanzapine 7.5 mg, and Buspirone 15 mg twice daily. No medication MRR documentation was located in R32's EMR. A review of R32's care plan revealed the following, Problem: Start Date: 12/31/2024. Category: Psychotropic Drug Use. Problem: I receive antianxiety medication R/T (Related to) generalized anxiety disorder. Target Date: 06/20/2025. Goal: I will not exhibit drowsiness/oversedation, delayed reaction, imp (Impaired) cognition/behavior .Approach: Monitor for drug use effectiveness and adverse consequences. On 7/16/25 at 12:14 PM, R32’s MRR documentation for the past 12 months was requested and not received by the end of the survey. On 7/16/25 at 1:00 PM, the Administrator (NHA) was interviewed regarding their expectations for the implementation of the MRR process. The NHA indicated that MRRs should be received from the pharmacy, nurses are to scan it and enter it into the EMR, nurses are to contact the physician, following the physician signature, they should be faxed to the pharmacy. (continued on next page)

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	R26 A review of R26's medical record revealed they were admitted into the facility on 4/17/25 with diagnoses of dementia, mood disorder due to known physiological condition with mixed features, adjustment disorder with mixed anxiety and depressed mood. Further review revealed the resident had a severe cognitive impairment and required extensive assistance for Activities of Daily Living. Further review of R26's medical record revealed the resident was prescribed the following psychotropic medications, Escitalopram Oxalate (Lexapro) 20 mg (milligrams), Olanzapine (Zyprexa) 15mg, Xanax 0.5 mg, and Trazadone 5mg. A review of R26’s care plan revealed the following, “Problem: Problem Start Date: 04/28/2022. Category: Psychotropic Drug Use. [R26] is at risk for adverse consequence R/T (related to) receiving antipsychotic medication for treatment of schizoaffective disorder, bipolar type… Approach. Approach Start Date: 04/28/2022…Pharmacy consultant review….” On 7/16/25 at 9:31 AM, a request for R26’s medication regimen reviews were requested for the last 12 months and were not received by the end of the survey. A review of the facility policy titled, Pharmacy Services revised 03/04/25, revealed It is the policy of this facility to ensure that pharmaceutical services whether employed by the facility or under an agreement, are provided to meet the needs of each resident, are consistent with state and federal requirements, and reflect current standards of practice.

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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. Based on observation, interview and record review the facility failed to ensure that two of eight multi-use, single resident medications were labeled with an open date in one of two medication carts. Findings Include:On 7/16/2025 at 11:30 AM, the South medication cart was reviewed with Licensed Practical Nurse (LPN) B and revealed two ophthalmic (eye) preparations (Restasis and Atropine Sulfate) that were opened without open dates. LPN B revealed any medications for single patient use should include the resident name and date opened.At 11:45 AM, Unit Manager (UM) A was queried regarding the expectations regarding when medications should be date and confirmed, labeled medications for a single resident, should be dated when opened.At 1:30 PM, The Director of Nursing (DON) confirmed multi-use medications for single patient use should be dated when opened.On 7/16/2025 at 1:30 PM, a policy regarding medication storage and labeling was requested and was not received by the end of survey.

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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 ensure resident food items brought in from outside were dated and failed to monitor the temperature of the resident refrigerator. This deficient practice had the potential to affect all residents that consume food. Findings include:On 7/15/25 at 10:00 AM, the resident refrigerator located in the break room was observed. There was no thermometer observed inside the refrigerator, and the temperature log located on the side of the refrigerator was last updated on 6/26/25. In addition, there were 3 undated food containers in the refrigerator. On 7/16/25 at 11:00 AM, Dietary Manager G was queried about the resident refrigerator and stated that she used to be responsible for monitoring that refrigerator, but that housekeeping is now responsible. On 7/16/25 at 11:15 AM, Dietary Manager G stated that she found the refrigerator thermometer buried underneath some food containers and confirmed that the temperature log was not up to date. According to the policy Use and Storage of Food Brought in by Family or Visitors revised 1/5/25 noted: 2. All food items that are already prepared by the family or visitor brought in must be labeled with content and dated.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to have an active and ongoing plan for reducing the risk of Legionella and other opportunistic pathogens of premise plumbing (OPPP) and failed to ensure nursing staff used appropriate Personal Protective Equipment (PPE) for Enhanced Barrier Precautions (EBP). This deficient practice has the increased potential to result in waterborne pathogens to exist and spread in the facility's plumbing system and an increased risk of respiratory infection among any or all 37 the residents in the facility. Findings include: On 7/16/25 at 10:00 AM, the facility's Water Management Plan (WMP) was requested from the Administrator. The Administrator provided the following policies for the WMP: Legionella Surveillance revised 1/5/25 which noted: It is the policy of this facility to establish primary and secondary strategies for the prevention and control of Legionella infections .2. In the absence of Legionella infections for a period of at least one year, the facility shall implement primary prevention strategies. A second undated document provided labeled Water Management Program, was noted to be a template. There were numerous places in the policy which noted List name of facility. The template had not been revised to be specific to the facility. The facility was missing the following components of a water management plan: There was no diagram of the building water system, and no text description of the water system. There was no risk assessment. There were no identified areas where Legionella could grow and spread. There were no listed control points, measures and limits. There was no evidence of control point monitoring. There was no evidence that the water management team was meeting routinely. On 7/16/25 at 8:45 AM, the Administrator was queried about the provided Water Management Program which was a template and not specific to this facility and stated, We can fill that out and give you the correct copy. On 7/16/25 at 9:15 AM, the Maintenance Supervisor F was queried about his involvement in the water management program. Maintenance Supervisor F stated that he has been in this building for a month, and that no one has talked to him about the WMP. On 7/16/25 at 9:30 AM, the Infection Preventionist (IP) E was queried about her involvement in the WMP. IP E stated she has been the Infection Preventionist for about 2 months. IP E stated they did review the policy for WMP last month during QA but couldn't provide any further information. When queried about the primary prevention strategies listed in the Legionella Surveillance policy, IP E stated she was unsure of what that means. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 7/16/2025 at 11:30 AM, Licensed Practical Nurse (LPN) “A” entered R7’s room to check the placement of a feeding tube. An EBP warning sign was located on the wall to the right of the door which indicated a gown, gloves and mask were required for high contact activities including tube feeding. A caddy with gown, gloves and masks were hanging next to the sign. LPN “A” did not put on a gown, mask, or protective eye wear. An inquiry to LPN “A” regarding what PPE was required for EBP, LPN “A” acknowledged they did not know there was a sign which indicated R7 was on EBP. LPN “A” indicated PPE should be worn when changing briefs. An inquiry was made to LPN A was asked if tube feeding placement checks required a gown and gloves. LPN “A” answered, I guess I am not sure. On 7/16/2025 at 11:45 AM, an interview with Unit Manager (UM) “A” reported upon the expectation is staff will know where the precaution signs are and be able to identify which PPE should be worn. On 7/16/25 at 1:30 PM, Nursing Home Administrator/Director of Nursing (NHA/DON) revealed that PPE should be worn when providing high-contact activities to protect staff and residents from infection control issues.

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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. Based on observation, interview, and record review, the facility failed to maintain a home-like environment free of offensive odors. This deficient practice had the potential to affect all residents, staff, and visitors. Findings include:On 7/15/25 at 9:00 AM, there was a strong odor of urine upon entry into the facility. The urine odor persisted on the ramp leading to the upper level and was evident in the hallway leading to the resident rooms. All hallways throughout the facility were observed to be carpeted. On 7/15/25 at 11:00 AM, the urine odor was still present throughout the facility. On 7/16/25 at 10:00 AM, pervasive urine odors remained throughout facility. On 7/16/25 at11:20 AM, Maintenance Supervisor F was queried regarding the schedule for cleaning the carpets. Maintenance Supervisor F stated he was unsure, but that he would ask his boss. After speaking with corporate staff, Maintenance Supervisor F stated that carpets are cleaned every 6 months by an outside company, and that they are probably about due to be done again. When asked for documentation or an invoice for the last carpet cleaning, Maintenance Supervisor F stated there was no documentation of when it was last done. A policy for cleaning the carpets and maintaining a home-like environment was requested but was not provided by the end of the survey.