STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235621	A. Building B. Wing	04/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency on the Lake - Fort Gratiot	5669 Lakeshore Fort Gratiot, MI 48059

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32220 This citation pertains to Intakes MI00151561. Based on interview and record review, the facility failed to document notification of family and physician for a change in condition for one resident (R901) of three reviewed for notice of condition change. Findings include: A review of the complaint noted R901 had been seen on 01/28/25 and the resident appeared to be doing fine. It was noted that they were called on 01/30/25 and told R901 had been sent to the hospital. The complainant reported R901 appeared very ill and the emergency room physician reported that R901 had vomited and had a large amount of stool upon diagnostic examination and had sepsis (a body system wide infection). A review of the record for R901 revealed R 901 was admitted into the facility on [DATE], discharged to the hospital on 12/24/24 after and fall with fracture and readmitted [DATE]. R901 was treated for a urinary tract infection and low blood pressure. Diagnoses included Dementia, Chronic Obstructive Pulmonary Disease and Protein Calorie Malnutrition. The minimum data set (MDS) assessment dated [DATE] indicated moderately impaired cognition with an 11/15 Brief Interview for Mental Status score and the need for partial/moderate assistance with eating and personal hygiene, the need for substantial/maximal assistance for upper body dressing, oral hygiene, transfer and rolling left to right in bed. R901 was dependent for bathing. Further review revealed a progress note dated 01/30/25 at 6:12 AM revealed, At approximately 0415 (4:15 AM) CNA (certified nursing assistant) alerted that resident had labored breathing and increased lethargy . EMS (emergency medical service) arrived . and took resident to (hospital) ER. On 04/02/25 at 2:52 PM, CNA A reported during a phone interview that R901 had a complaint of stomach pain and liquid brown emesis (vomit) which did not appear to contain food. The CNA reported R901 was sick a couple of times that day and reported they told Nurse B and Nurse B gave R901 some Zofran (an anti nausea medication). (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 04/02/25 at 3:07 PM, Nurse B they did not recall the specific color or type of emesis or what they had been told by the CNA. A review of the January 2025 Medication Administration Record (MAR) documented Nurse B administered a dose of Zofran on 01/29/25 at 12:30 PM. A review of the administration note for the same time documented the medication was for nausea and vomiting and patient requested. Further review of the progress notes revealed no documentation of physician or family notification related to the CNA A observation of liquid brown emesis. On 04/03/25 at 1:04 PM, during a phone interview, the Medical Director reported they were not aware of the liquid brown emesis for R901 and would have had the resident sent out to the hospital for evaluation.