

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235621	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2024
NAME OF PROVIDER OR SUPPLIER Regency on the Lake - Fort Gratiot		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44750</p> <p>Based on observation, interview, and record review, the facility failed to apply heel protector boots per physician orders for two residents (R5 and R24) out of two reviewed for skin conditions and apply positioning devices per physician orders for one resident (R1) out of two reviewed for positioning. Findings Include:</p> <p>R5</p> <p>On 6/4/2024 at 9:15 AM, R5 was observed in their bed. Two heel protection boots were noted to be in a wheelchair. R5 was noted to have their heels resting on the mattress. R5 was asked if they wear heel boots while in bed. R5 said they sometimes do and sometimes don't.</p> <p>On 6/5/2024 at 9:16 AM, R5 was observed laying in bed. Two heel protection boots were noted to be in a wheelchair. R5 heels were noted to be resting on the mattress.</p> <p>A review of the medical record revealed that R5 admitted into the facility on [DATE] with the following diagnoses, Difficulty in Walking and Restless Leg Syndrome. A review of the Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 13/15 indicating an intact cognition. R5 also required assistance with bed mobility and transfers.</p> <p>Further review of the physician orders noted the following, Orders: Bilateral heel boots ATC (Around The Clock) r/t (Related To) preference and pressure relief .Status: Active.</p> <p>On 6/5/2024 at 3:16 PM, an interview was conducted with Wound Care Nurse (WCN) A. WCN A stated that R5 usually has the boots on and they should be wearing them. WCN A stated it should be documented if they don't have them on and why.</p> <p>R24</p> <p>On 6/4/2024 at 9:15 AM, 10:42 AM, 1:09 PM, and 2:30 PM, R24 was observed laying in bed. R24 stated they were having pain in their legs. R24 was noted to have heel boots on the floor next to their bed.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the medical record revealed that R24 admitted into the facility on [DATE] with the following diagnoses, Muscle Wasting and Atrophy and Muscle Weakness. A review of the Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 1/15 indicating a severely impaired cognition. R24 also required assistance with bed mobility and transfers.</p> <p>Further review of the physician orders noted the following, Orders: Bilateral heel boots in bed .Status: Active.</p> <p>On 6/5/2024 at 3:14 PM, an interview was conducted with Wound Care Nurse (WCN) A. WCN A stated they did not know if R24 was resistant to wearing the boots or not, but R24 should have them on. WCN A stated R24 has had a decline in health since last hospital admission and they had just changed their mattress to a low air loss mattress.</p> <p>50223</p> <p>R1</p> <p>A review of the medical record revealed that R1 admitted into the facility on [DATE] with the following diagnoses, Weakness and Abnormal Posture. A review of the Minimum Data Set assessment revealed a Brief Interview for Mental status score of 8/15 impaired cognition. R1 also required assistance with bed mobility and transfers.</p> <p>Further review of R1's physician orders revealed an order stating Ensure resident's wheelchair has L arm bolster, rear anti-tippers, a cushioned head rest, a cushioned kyphotic back rest, a pressure reduction seat cushion and B elevating footrests to be used for increased tilting or transport. lambswool to wheelchair back r/t protection.</p> <p>On 06/04/24 at 10:37 AM, R1 was observed in hallway sitting in their wheelchair, leaning to their left side. An arm bolster was observed on right arm of wheelchair. No lambswool padding was noted.</p> <p>On 06/04/24 at 12:18 PM, R1 was observed still sitting up in their wheelchair at the nurse's station leaning to their left side and hunched over. An arm bolster remains on right arm of wheelchair. No lambswool padding noted. The same observation was made at 01:04 pm and 01:49 pm.</p> <p>On 06/05/24 at 09:10 AM, R1 was observed sleeping in bed. Their wheelchair was in the room with an arm bolster on the wheelchair on the right side. No lambswool padding noted.</p> <p>On 06/05/24 at 12:54 PM, R1 was observed sitting in their wheelchair in the dining area hunched over forward. An arm bolster was noted on the right wheelchair arm. No lambswool padding noted.</p> <p>On 06/05/24 at 03:26 PM, R1 was observed sitting at nurses' station in wheelchair. No lambswool padding noted. An arm bolster was noted on the right arm of the wheelchair.</p> <p>Further review of R1's care plan stated the following, Observe for sliding down in the chair and assist to reposition in chair as needed. Wheelchair seating and positioning: The pt is currently sitting in a tilt in space w/c, fitted with a L (left) arm bolster, rear anti-tippers, a cushioned head rest, a cushioned kyphotic back rest, a pressure reduction seat cushion and elevating footrests to be used for increased tilting or transport.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/06/24 09:36 AM, During an interview, the unit manager stated that the right arm bolster was discontinued and that they stopped using the lambswool when R1 received a new wheelchair. The unit manager could not confirm the date the change was made but stated it had been quite a while.</p> <p>A review of a facility policy titled, Physician's Order noted the following, Treatment rendered to a resident must be in accordance with the specific standing, written, verbal, or telephone order of a physician or other licensed health professional ordering within their scope of practice and clinical privileges.</p>		

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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>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** 34851</p> <p>Based on observation, interview, and record review, the facility failed to secure smoking/vape pens for one sampled resident (R59) of two reviewed for accidents. Findings include:</p> <p>On 6/04/24 at 10:52 AM, R59 was observed lying in bed, when asked a question R59 stated, I don't feel well and I don't want to talk. Observed on R59's overbed table was one vape/smoking pen.</p> <p>On 6/06/24 at 9:04 AM, R59 was observed lying in bed, when asked a question R59 stated, I don't want to talk. R59 then asked to be left alone. Observed on R59's overbed table was one vape/smoking pen.</p> <p>On 6/06/24 at 9:18 AM, the Unit Manager and R59's assigned nurse was asked if R59 was allowed to have vape/smoking pens in their room. The Unit Manager and the nurse was observed to go to R59's room and reported, residents are not to have smoking/vape pens. The Unit Manager was observed to come out of R59's room with three unopened boxes and one open smoking/vape pen.</p> <p>A review of R59's medical record revealed, R59 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis of Atrial fibrillation. A review of R59's Minimum data set (MDS) assessment dated [DATE] noted R59 with an intact cognition and required assistance with activities of daily living.</p> <p>On 6/06/24 at 10:10 AM, the Director of Nursing (DON) was asked if the facility allowed vape/smoking pen at the facility. The DON reported, the resident should not have a vape pen.</p> <p>A review of the facility's policy titled, Non-Smoking Policy dated 5/1/2022 revealed, Policy: This facility is a non-smoking facility. Procedure: 8. Please note, all forms of E-Cigarettes, vaping material's, etc. are strictly prohibited to be in the facility .</p>

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50223</p> <p>Based on observation, interview, and record review, the facility failed to ensure the call light was within reach of one resident (R1) out of one reviewed for call lights. Findings include:</p> <p>On 06/04/24 at 09:15 AM, R1 was observed in bed sleeping. The soft touch call light was hanging on the end of the bed out of reach of the resident.</p> <p>On 06/05/24 at 09:10 AM, R1 was observed in bed sleeping. The soft touch call light was on the floor past the end of the bed out of reach of the resident.</p> <p>A review of the medical record revealed that R1 admitted into the facility on [DATE] with the following diagnoses, Weakness and Abnormal Posture. A review of the Minimum Data Set assessment revealed a Brief Interview for Mental status score of 8/15 impaired cognition. R1 also required assistance with bed mobility and transfers.</p> <p>Further record review of R1's care plan listed having the call light within reach as an intervention for multiple care plan problems as follows:</p> <p>Ensure/provide a safe environment. Call light in reach.</p> <p>Keep (R1's) environment as safe as possible with: even floors free from spills and/or clutter; adequate lighting; call light within reach, commonly used items within reach, avoid repositioning furniture.</p> <p>Put (R1) call light within reach and encourage [them] to use it for assistance as needed. Paddle call light to be used.</p> <p>Touch pad call light for ease of use and encouragement to use.</p> <p>(Name of R1) will have no evidence of noncompliance with transfers and will use call light or call bell.</p> <p>On 06/06/24 at 10:07 AM during an interview, the DON (Director of nursing) stated R1 is able to use the soft touch call light but is unable to use a regular call light. The DON states that the call light should be in reach at all times.</p> <p>A review of the facility policy titled Call Lights noted the following: Call lights will be placed within the guests/residents reach and answered in a timely manner.</p>