

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235655	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/08/2025
NAME OF PROVIDER OR SUPPLIER  Regency at Westland		STREET ADDRESS, CITY, STATE, ZIP CODE  2209 N Newburgh Westland, MI 48185	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44750</p> <p>This citation pertains to Intake MI00151509.</p> <p>Based on interview and record review, the facility failed to provide timely treatment to a pressure ulcer for one resident (R801) out of two reviewed for pressure ulcers. Findings include:</p> <p>A review of complaint called into the State Agency noted the following, Facility did not appropriately treat bed sore that ended up being stage 4 (full thickness skin loss) after surgical debridement at [hospital name] .</p> <p>A review of the medical record revealed that R801 admitted into the facility on [DATE] with the following medical diagnoses, Muscle Weakness and Moderate Protein-Calorie Malnutrition. A review of the most recent Minimum Data Set (MDS) assessment reveals a Brief Interview for Mental Status (BIMS) score of 12/15 indicating an impaired cognition. R801 also required staff assistance with transfers and bed mobility.</p> <p>Further review of the admission progress note revealed the following, 12/13/2024 at 9:13 PM .Skin assessment performed with small open area to inner sacrum.</p> <p>Further review of the physician's orders revealed that a wound care order was not entered and active until 12/16/2024, three days after R801 was admitted into the facility.</p> <p>On 4/8/2025 at 12:43 PM, an interview was conducted with the Director of Nursing (DON). The DON reported they did not see an order until an 12/16/24 in the physician orders. The DON indicated they did see the skin assessment stating that R801 had a wound upon admission, and the nurse should have called and asked for an treatment order.</p> <p>A review of a facility policy titled, Skin Management noted the following, .4. Residents admitted with any skin impairment will have: Appropriate interventions implemented to promote healing. A physician's order for treatment, and skin impairment location, measurements and characteristics documented.</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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