STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235657	A. Building B. Wing	04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency at Canton	45900 Geddes Road Canton, MI 48188

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** This citation pertains to intake 2970985.Based on interview and record review, the facility failed to implement interventions during a Hoyer lift transfer for one resident (R104) of five residents reviewed for falls, resulting in a fall without injury.Findings include: Review of a progress note dated 03/30/2026 by Nurse G revealed, cna assisting resident to bed for a brief change via Hoyer lift resident was over the bed but top half was sliding to the left cna attempted to get resident legs in the bed, but resident left side of face was against the nightstand, to avoid injury to face cna lowered resident to the floor.On 04/14/2026 at 2:55p.m., Certified Nursing Assistant (CNA) F was interviewed and stated, I used the Hoyer lift by myself. I know I am supposed to have two people. I didn't have anyone to help me. I lowered R104 to the floor after realizing the sling wasn't on right. On 04/14/2026 at 3:15p.m., he Director of Nursing (DON) was interviewed and stated, CNA F was transferring R104 back into bed and R104's cheek was up against the nightstand. R104 began to fall and CNA F lowered R104 to the ground. The DON was queried on the expectation of Hoyer Lift procedures and interventions to prevent falls. The DON said, the expectation is for two people to provide Hoyer lift assistance.Review of the Electronic Health Record (EHR) revealed R104 has a diagnosis of Nondisplaced Comminuted Fracture of Shaft of Humerus Right Arm, Hyperlipidemia, Atrial Fibrillation and Presence of Right Artificial Shoulder Joint. R104 had an admit date of 03/21/2026 and a discharge date of 04/07/2026. The Minimum Data Set (MDS) dated [DATE], revealed: R104 was dependent for transferring and toileting. 2 Person assist needed for Hoyer Lift. Care plan dated 03/24/2026 revealed R104 has a functional ability deficit and requires assistance with care. is dependent for bed mobility and toilet transfer. Care plan intervention dated 4/2/26 revealed. provide reassurance to the resident that she is safe and the facility is doing what is needed to maintain safety for all. The facility policy on Hoyer lift transfers entitled, Transfer with a Mechanical Lift, Long Term Care Policy dated April 2025, reads in part: All Mechanical lifts require two staff members when moving a resident.Obtain the assistance of a coworker, as needed, to maintain the resident's safety.

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