

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235657	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER Regency at Canton		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide timely nail care for one resident (R17) and scheduled showers for one resident (R51) out of three residents reviewed for activities of daily living, resulting in resident dissatisfaction.</p> <p>Findings include:</p> <p>R17</p> <p>On 6/23/25 at 11:06 AM, R17 was observed awake and in bed. R17 was wearing a splint/brace on the right hand. R17's right hand appeared to be bent at the wrist and the fingers were noted to be flexed over and towards the palm. R17 stated, The nails on my right hand stabs my palm. They don't cut my nails.</p> <p>A review of the clinical record for R17 documented an initial admission date of 2/14/22 and readmission date of 3/24/25. R17's diagnoses included contracture of right hand and wrist. A Minimum Data Set assessment dated [DATE] documented intact cognition and functional limitation in range of motion on one side of his upper extremity. Review of the Certified Nurse Aide (CNA) plan of care for R17 documented to keep fingernails trimmed and clean.</p> <p>During an observation and interview on 6/25/25 at 10:58 AM of R17's hands with CNA A, R17 stated, My nails stab me a lot. They are all sharp. CNA A said the thumb nail on R17's right hand was thicker than the rest of his nails and was pointed on one side. The corners of some of R17's fingernails were pointed. The index and pinky nails on his left hand were jagged. CNA A stated, (R17) has never refused nail care. CNA A said R17's fingernails were long and needed to be cut.</p> <p>During an interview on 6/25/25 at 12:55 PM, the Director of Nursing (DON) said the reported shape of R17's fingernails could result in him poking himself, and R17's fingernails should have been trimmed when he received his shower. Record review revealed R17's last shower was on 6/21/25.</p> <p>A review of a facility document titled, Routine Resident Care, dated 3/12/25 revealed in part the following:</p> <p>Residents receive the necessary assistance to maintain good grooming and personal/oral hygiene.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Daily personal hygiene minimally includes assisting or encouraging residents with washing their face and hands, shaving, nail care, combing their hair each morning, and brushing their teeth and/or providing denture care. Any concerns will be reported to the nurse.</p> <p>On 6/25/25 at 3:45 PM during the exit conference, the Nursing Home Administrator and DON did not offer additional documentation or information when asked.</p> <p>R51</p> <p>On 6/23/25 at 9:21 a.m. R51 was observed resting in bed and watching television. The resident presented as alert, oriented to person, place, situation, and able to make all needs known. During the resident interview, R51 said they had not received scheduled showers in over a month. Shower days are Tuesdays and Fridays on the afternoon shift (3pm- 7pm). R51 continued to say they prefer showers at night before bed, It helps me to sleep better, and I don't feel dirty.</p> <p>Review of the electronic medical record documented R51 was initially admitted into the facility on 1/29/17 with diagnoses that included diabetes mellitus, type 2, bilateral osteoarthritis of the hip, and chronic pulmonary embolism. According to the quarterly MDS assessment dated [DATE] documented R51 was cognitively intact (BIMS-15) and required extensive one- person assistance with activities of daily living specifically bathing and showers.</p> <p>Review of the ADL care plan dated 3/18/24 documented the following: (R51) has a functional ability deficit and require assistance with self-care/mobility pertaining to weakness and impaired mobility . Intervention-Bath/shower: resident requires substantial/maximal assistance with one helper.</p> <p>Review of the Shower/Bathing Task with the look back period of 30 days documented R51 did not receive a shower or bed bath:</p> <p>6/3/25 (Tuesday) - Not Applicable</p> <p>6/6/25 (Friday)- Not Applicable</p> <p>6/10/25 (Tuesday)- Not Applicable</p> <p>6/17/25 (Tuesday)- Not Applicable</p> <p>6/20/25 (Friday)- Not Applicable</p> <p>6/24/25 (Tuesday)- No</p> <p>On 6/25/25 at 1:53 p.m. CENA E was queried about R51's receiving scheduled showers. CENA E said the resident's showers are done on the afternoon shift and documented they were done on the task. CENA E also said during the day shift, the resident is washed up, no showers or bed baths.</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/25/25 at 1:55 p.m. Unit Manager (UM) F was interviewed and queried about R51 not receiving scheduled showers. UM F said the resident's shower days were changed to Mondays and Thursdays not Tuesdays and Fridays, however, was still not aware the resident did not get the scheduled shower. UM F said there was no notification the resident was not getting showers. Shower days are switched on the assignment sheet but not everywhere else. The unit currently does not have regular afternoon staff and possibly the showers were missing that way. The aides are to notify the nurse when residents don't receive scheduled showers for any reason. The aides are to offer the shower three times and document the reason for the missed shower. The nurse is to notify the Unit Manager if it continues.</p> <p>Review of the facility's policy titled Routine Resident Care, dated 3/12/25 documented in part the following: Residents receive the necessary assistance to maintain good grooming and personal/oral hygiene. Steps are taken to ensure that a resident's capacity for self-performance of these activities does not diminish unless circumstances of the resident's clinical condition demonstrate the decline is unavoidable. Care is taken to ensure resident safety at all times . Showers, tub baths, and/or shampoos are scheduled according to person centered care or state specific guidelines . Any concerns will be reported to the nurse .</p>		

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate foot care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide podiatry services in a timely manner for one resident (R62) out of one resident reviewed for podiatry services, resulting in unmet care needs.</p> <p>Findings include:</p> <p>During an observation and interview on 6/25/25 at 10:24 AM of R62's feet, Licensed Practical Nurse/Unit Manager (LPN/UM) C described the condition of the toenails on R62's right foot as raised, long, thicken, discolored, darkened, fungal like, and in need of trimming. The skin around R62's toes was dry and scaly. LPN/UM C described the condition of the toenails on R62's left foot as follows, the 1st, 2nd, 3rd, and 4th digits were thick and long and in need of trimming. There was some toe discoloration and skin dryness around the toes but not as much as the right foot. LPN/UM C indicated R62's insurance did not cover in-house podiatry services, and they have been working on getting her podiatry services. LPN/UM C was unable to provide documentation of attempts to secure podiatry services for R62.</p> <p>A review of the clinical record for R62 documented an admission date of 12/14/22 with diagnoses that included dementia, polyneuropathy, and chronic pain syndrome. A Minimum Data Set assessment dated [DATE] documented severe cognitive impairment and functional limitation in range of motion on both sides of her upper and lower extremities. Record review of R62's at risk for impaired skin integrity/pressure injury care plan documented in part to Conduct weekly head to toe skin assessments, document and report abnormal findings to the physician. Initiated on 12/14/22.</p> <p>During an interview on 6/25/25 at 12:00 PM, Social Worker (SW) D said a new mobile medical provider was offering podiatry services to the facility. SW D was unsure of the new company's start date. SW D provided a document dated 6/24/25 that indicated R62 opted out of podiatry services. SW D was unable to provide documentation that R62 had opted out of podiatry services prior to 6/24/25.</p> <p>During an interview on 6/25/25 at 1:04 PM, the Director of Nursing (DON) said they were having issues with R62's insurance company paying for podiatry services. The DON acknowledged there was a previous consent for R62 to receive podiatry services dated 8/24/23. The DON added that it could be assumed that her insurance paid for the podiatry service when previously rendered. Record review of a podiatry note dated 5/4/24 with the DON documented in part the following: Nails: elongated, dystrophic (deformed, thickened or discolored), black yellow/nails. Onychomycosis (nail fungus). Foot and toe pain. Examination, evaluation; debridement of the nails as much as possible. Flattened, thinned and trimmed the nails as much as the patient could tolerate. R/A (reassess) nine weeks or prn (as needed). The DON said she was unsure of what had occurred with podiatry services for R62 during the past year. The DON indicated there were no progress notes/documentation of facility staff contacting R62's guardian regarding issues with insurance coverage for podiatry services. The DON acknowledged that R62's care conferences would have been a good time to discuss podiatry coverage concerns with the guardian. Notes from care conferences held on 12/20/24, 3/17/25, and 6/16/25 were reviewed with the DON and concerns regarding insurance coverage for podiatry services were not addressed. The DON said based off LPN/UM C's observations, R62 should have been seen by podiatry regularly.</p> <p>A review of a facility document titled, Social Services Referral to Outside Providers, dated 10/27/23, revealed in part the following:</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review the facility failed to 1. Consistently maintain the kitchen in a clean and sanitary condition; 2. Properly date and label food in the refrigerator; 3. Ensure food is properly stored in the freezer. 4. Ensure the use of hair restraints of staff working in the kitchen. These deficient practices had the potential to affect all the residents who consumed food from the kitchen, resulting in an increased risk for food borne illness.</p> <p>Findings include:</p> <p>On 6/23/25 beginning at 9:05 a.m., the initial tour of the kitchen was conducted with Certified Dietary Manager, (CDM) G. Upon entering the kitchen, Sous Chef H was observed near the tray serving line and steam table with a grown-out beard that was not covered with a beard guard.</p> <p>During the tour, the following items were observed in the walk-in refrigerators and freezer:</p> <p>Walk-in Refrigerators:</p> <ul style="list-style-type: none"> -Upon entering the walk-in refrigerator, the entire floor was wet. -Wilted, wet lettuce and other food particles were on the floor. -Wilted lettuce was exposed in a partially opened box. - In the second walk-in refrigerator, there was a quart of milk that was opened and without an open date. - A clear plastic container with sliced cheese was soiled on the inside and outside with an unidentified white substance. - A clear plastic container with shredded cheese was soiled on the inside with an unidentified white substance. <p>Walk-In Freezer:</p> <ul style="list-style-type: none"> -The walk-in freezer was observed with frozen hamburger patties in a plastic bag that was opened to the air, with signs of freezer burn (dried discolored edges of the patties). -There was a bag of frozen pancakes in a plastic bag, inside a box that was opened. -There was a plastic bag of breaded chicken strip, unsealed and opened to the freezer air, with signs of freezer burn (dried discolored edges of the chicken pieces). <p>Other kitchen observations included:</p> <ul style="list-style-type: none"> -The floor in the food prepping and serving area (behind the steam table and food prep table) was observed with dried food and dirty. <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Food crumbs and an unidentified liquid were on the food prepping table.</p> <p>-There was dried food on the stove top, near the burners.</p> <p>-There was dried food on the griddle.</p> <p>- At 9:37 a.m., Sous Chef H was again observed in the food serving area without a beard guard.</p> <p>On 6/23/25 at 9:39 a.m., CDM G was queried about the condition of the kitchen and was not able to explain the opened foods found in the refrigerators and freezer. CDM G explained the refrigerated cheese containers had frost on them and were not soiled.</p> <p>On 6/23/25 at beginning at 11:45 a.m., during the lunch meal dining observation, Sous Chef H still had not donned a beard guard and was observed entering and exiting the kitchen serving plated food to various residents in the dining room. CDM G was standing by and asked was facial hair nets were available for use. CDM G said the kitchen supplies facial and hair nets. Sous Chef H approached, and both were asked why Sous Chef H was not wearing a facial hair net. Sous Chef H retreated to the kitchen to retrieve a facial hair net.</p> <p>On 6/24/25 at 1:16 p.m. upon entering the kitchen, Sous Chef H was observed standing near the food serving area with the facial hair underneath the chin, exposing the beard.</p> <p>On 6/25/25 at 10:22 a.m. the Nursing Home Administration was interviewed about the condition of the kitchen and stated, If we overlooked some things, it will be corrected.</p> <p>Review of the facility's policy titled Food Purchasing and Storage, dated 12/10/24 documented in part the following: .Food Storage Areas: The stock will be rotated when stored. All food items will be dated with the In Date (or delivery date). Dating facilitates proper rotation of stock . Perishable Storage Facilities: The refrigerator/freezer facilities will be constructed to meet the sanitation code . Foods will be stored so there is no contamination . Perishable Food Storage: Fruits and vegetables will be refrigerated in their original or clean containers. These items will be sorted regularly, and damaged or spoiled pieces will be discarded . All food items in refrigerators will be properly dated, labeled, and placed in containers with lids, will be wrapped, or stored in sealed food storage bags . All opened frozen foods will be dated, labeled, and wrapped or sealed. Moisture-proof, tight-fitting materials will be used to prevent freezer burn .</p> <p>According to the 2013 FDA Food Code:</p> <p>- Section 2-402, Except as provided in (B) of this section, food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles.</p> <p>Section 4-602.11. Equipment Food-Contact Surfaces and Utensils. Equipment food-contact surfaces and utensils shall be cleaned (5) at any time during the operation when contamination may have occurred.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Section 3-101.11, entitled, Safe, Unadulterated, and Honestly Presented, was reviewed and revealed, Food shall be safe, unadulterated, and, as specified under &sect; 3-601.12, honestly presented.</p>		