

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235658	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/30/2026
NAME OF PROVIDER OR SUPPLIER Regency at Bluffs Park		STREET ADDRESS, CITY, STATE, ZIP CODE 355 Huronview Blvd Ann Arbor, MI 48103	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review, the facility failed to effectively clean and maintain food service equipment resulting in the potential to spread food borne illness among all residents that consume food from the kitchen. Findings include: On 06/28/2026 at 10:00 A.M., An initial tour of the food service was conducted with Dietary [NAME] (DC) J and Registered Dietician (RD) K. The following items were noted: The juice machine (undersplash, backsplash, drip tray) was observed soiled with accumulated and encrusted food residue. The stainless-steel counter central drip tray was observed soiled with accumulated and encrusted food residue. The drip tray channel was also observed soiled with accumulated and encrusted food residue. The drip tray channel was not easily removable, due to the coffee machine and juice machine front support legs resting upon the channel grill assembly. The dry storage (flour, sugar, oats) bin exterior surfaces were observed with accumulated and encrusted food residue. The clear plastic lid tracks and handle assembly were also observed soiled with accumulated and encrusted food residue on each dry storage bin. The can opener assembly was observed soiled with accumulated and encrusted food residue. The handle, cutting blade, and mounting bracket insert were observed to be soiled with accumulated and encrusted food residue. The convection oven interior and exterior surfaces were observed to be soiled with accumulated and encrusted food residue. The two conventional oven interior and exterior surfaces were observed to be soiled with accumulated and encrusted food residue. The two conventional oven burner top surface backsplashes and the side panel of the convection oven were observed to be soiled with accumulated and encrusted food residue. One 5-pound container of commercially prepared chicken salad (1/2 full) was observed without an effective open or discard date, within the one-door reach-in cooler. A small portion of commercially prepared salami was observed with an effective open date (6-15-26) and an illegible discard date, within the one-door reach-in cooler. Several slices of commercially prepared turkey salami (sliced deli meat) were observed dated for 14 days instead of 7 days total, within the one-door reach-in cooler. The open and discard dates observed on the clear plastic sealable bag read 6-18-26 to 7-3-26. One bag of opened shredded iceberg lettuce was observed dated for 14 days instead of 7 days total, within the one-door reach-in cooler. The open and discard dates observed on the clear plastic sealable bag read 6-27-26 to 7-13-26. One gallon of whole milk (1/8 full) was observed with an open date that read 6-27-26 with no discard date documented, within the walk-in cooler. One gallon of 2% milk (1/2 full) was observed with an open date that read 6-27-26 with no discard date documented, within the walk-in cooler. The convection oven interior lights were observed non-functional. One container of hair nets (blue in color) and one case of canned ginger ale soda were observed stored directly beneath the plumbing waste lines, within a preparation dump sink cabinet. The ice machine condensate drain line was observed to be completely submerged into the sump pump well inlet chamber. On 06/28/2026 at 11:26 A.M., the Main Dining Room hand sink basin (continued on next page)		

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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	was observed draining slowly. On 06/28/2026 at 12:10 P.M., the three-compartment sink sanitizer basin test strips being utilized were observed to read PH Test Strips with a scale range of 1-12. Quaternary ammonia sanitizer was observed in use at this sink. Dietary [NAME] (DC) L was interviewed regarding the current test strips being utilized and stated: I usually look for the test to be in the 6-8 range. On 06/28/2026 at 3:28 P.M., a personal cell phone was observed resting directly upon a clean tray of inverted coffee cups. An interview was conducted with Dietary Manager (DM) I regarding the Policy/Procedure for cell phone usage and proper storage. (DM) I stated: Cell phones should be stored in their pockets or in their lockers. On 06/30/2026 at 08:00 A.M., record review of the Policy/Procedure entitled: Food Purchasing and Storage dated 12/10/2024 revealed under Procedure: (5) Perishable Food Storage: (7) 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 (See Cold Storage Chart). On 06/30/2026 at 08:30 A.M., Record review of the Policy/Procedure entitled: Nutritional Services Cleaning and Sanitation dated 3/11/2026 revealed under Policy: It is the policy of this facility to maintain the sanitation of the kitchen through proper cleaning and sanitizing stationary food service equipment and food contact surfaces to minimize the growth of microorganisms that may result in food contamination. Food contact surfaces are washed, rinsed, and sanitized: (a) After each use; (b) Before switching preparation to another food type; and (c) When the tool or items being used may have been contaminated. On 06/30/2026 at 09:00 A.M., Record review of the Policy/Procedure entitled: Use by Date Storage Chart dated 3/2018 revealed the following: All unopened prepackaged processed products should be used or discarded by the Manufacturer's Expiration Date. Milk, Yogurt, Unprocessed Soft Cheeses, Cottage Cheese opened 7 days or expiration date (soonest). Processed cheeses, sour cream opened 14 days or expiration date (soonest). All food items must be properly dated and labeled, and must be stored in either containers with lids, foil/film wrapped, sealed food storage bags, or their original container. Foods should not be refrozen. The 2022 FDA Model Food Code section 4-601.11 states: (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations. (C) NonFOOD-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris. The 2022 FDA Model Food Code section 3-501.17 states: (A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under S 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. The 2022 FDA Model Food Code section 6-303.11 states: The light intensity shall be: . (B) At least 215 lux (20 foot candles): . (2) Inside EQUIPMENT such as reach-in and under-counter refrigerators. The 2022 FDA Model Food Code section 3-305.12 states: FOOD may not be stored: (F) Under sewer lines that are not shielded to intercept potential drips; (G) Under leaking water lines, including leaking automatic fire sprinkler heads, or under lines on which water has condensed; (H) Under open stairwells; or (I) Under other sources of contamination. The 2022 FDA Model Food Code section 5-402.11 states: ?(A) Except as specified in (B), (C), and (D) of this section, a direct connection may not exist between the SEWAGE system and a drain originating from EQUIPMENT in which FOOD, portable EQUIPMENT, or UTENSILS are placed. The 2022 FDA Model Food Code section 5-205.15 states: A plumbing system shall be: (A) Repaired according to LAW; and (B) Maintained in good repair. The 2022 FDA Model Food Code section (continued on next page)		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	4-501.116 states: Concentration of the SANITIZING solution shall be accurately determined by using a test kit or other device. The 2022 FDA Model Food Code section 6-501.110 states: (A) Dressing rooms shall be used by EMPLOYEES if the EMPLOYEES regularly change their clothes in the establishment. (B) Lockers or other suitable facilities shall be used for the orderly storage of EMPLOYEE clothing and other possessions.		

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide a bed hold prior to a transfer in one (Resident #2) out of one reviewed for bed holds. Findings include: Review of the medical record reflected R2 was admitted to the facility on [DATE], with diagnoses that included retention of urine. The Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 6-4-26, reflected R2 scored 13 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool). Review of a Progress Note dated 6/20/2026 at 9:17 AM stated new orders to send resident to the ER (emergency department). resident made aware. transfer paperwork completed . Review of the medical record revealed an absence of any indication that a bed hold was provided to R2 upon transfer to the Emergency Department. On 6/30/2026 at 9:07 AM Director of Nursing (DON) B stated that the expectation for residents transferring out was to provide the resident or resident representative with the bed hold and then document that the bed hold was provided in a Progress Note. Additionally, thr bed hold should be uploaded in thr medical record. DON B reviewed R2's medical record and confirmed an absence of both a Progress Note and the uploaded copy of the bed hold. In an interview on 6/30/2026 T 9:11 AM, Licensed Practical Nurse (LPN) O stated that she does not recall providing R2 a bed hold prior to transferring her to the hospital on 6/20/26.		

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure for one out of 15 residents (Resident #79) the Minimum Data Set (MDS) assessment accurately reflected the resident's status. Findings Included: Per the facility's face sheet Resident #79 (R79) was admitted to the facility on [DATE] with a diagnosis of pressure ulcer of unspecified site, dated 6/8/2026. Review of a physician's progress note dated 6/12/2026 revealed that the physician documented under, Assessment & Medical Plan of Care: R79 had pressure injuries to her coccyx and right heel which the physician documented both to be a stage 2 pressure wounds. The physician documented treatments for the pressure wounds and the wound nurse to follow. Review of physician orders dated 6/12/2026 revealed an order for treatment to R79's stage 2 coccyx pressure ulcer. Review of physician orders dated 6/12/2026 revealed an order for treatment to R79's stage 2 right heel pressure ulcer. Review of progress notes dated 6/12/2026 revealed that the physician performed a physical assessment and diagnosed R79 with a stage 2 pressure ulcer on her coccyx and right heel. Review of a picture of R79's coccyx wound revealed a stage 2 wound to the coccyx area. Measurements were documented at 4.07 X 1.96 X 5.03. There were no measurements of the right heel wound. Review of R79's Treatment Administration Record (TAR) for the month of June 2026 revealed an order to educate R79's daughter on R79's wound treatments to prepare for discharge. Additionally, there were several different treatment orders for R79's stage 2 coccyx and right heel pressure ulcers. The treatment orders were dated from 6/12 through 6/26/2026 and identified to be for either the right heel stage 2 or the coccyx stage 2 pressure injury (pressure wound). Review of an admission MDS with an assessment reference date of 6/18/2026 revealed under section M R79 was not coded to have any pressure ulcers on the assessment. Review of R79's care plans revealed a care plan dated 6/12/2026 and revised on 6/26/2026, with a focus that R79 had an actual impairment to her skin integrity related to her right heel stage 2 pressure ulcer. In an interview on 6/30/2026 at 9:18 AM, Licensed Practical Nurse (LPN) P, who was the MDS nurse, stated that the Nurse Practitioner told her that R79's wounds were blisters and that was why she did not code the coccyx and right heel pressure ulcers on R79's MDS assessment.		

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and review, the facility failed to revise care plans for one (R65) of 15 reviewed. Findings include: Review of the medical record revealed R65 was admitted to the facility on [DATE] with diagnoses that included fracture of lower end of right femur, nondisplaced fracture of head of right radius, and lymphedema. The Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 5/15/26 revealed R65 scored 15 out of 15 (cognitively intact) on the Brief Interview for Mental Status (BIMS). In an interview on 06/28/2026 at 11:16 AM, R65 was observed in her bed. R65 reported she completed her own bed baths and could do everything besides washing her feet. R65 reported she had an order for A&D ointment on her feet, but staff did not routinely apply the A&D ointment to her feet. R65's feet were observed to be dry with cracked skin. Review of the Physician's Order dated 6/12/26 revealed an order to assist patient with Activities of Daily Living (ADL) from knees down and apply A & D ointment on scheduled shower day. Review of R65's care plans revealed no mention of her shower days or the A&D ointment. Review of the Kardex (Nurse Aide Care Guide) revealed no mention of R65's shower days or A & D ointment. In an interview on 06/30/2026 at 9:51 AM, Certified Nursing Assistant (CNA) M reported R65 sometimes requested A&D ointment, and they would provide it but have never assisted R65 with applying A&D ointment to her feet. CNA M reported they thought R65 could do all their own care, including washing their feet. In an interview on 06/30/2026 at 9:56 AM, Unit Manager (UM) G reported staff worked together to update care plans. UM G reported if a care plan intervention was something the CNAs needed to know, the intervention would also be listed on the Kardex. UM G reviewed R65's medical record and agreed A&D ointment was not listed on the Treatment Administration Record (TAR), Kardex, or Care Plan and that it should be.		