

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235666	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2024
NAME OF PROVIDER OR SUPPLIER Regency at Grand Blanc		STREET ADDRESS, CITY, STATE, ZIP CODE 1330 Grand Pointe Court Grand Blanc, MI 48439	

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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22347</p> <p>This Citations pertains to Intake Number MI00137732.</p> <p>Based on interview and record review, the facility failed to ensure that one resident (Resident #112), who was at risk of aspiration pneumonia was given tube feeding per physician's order (rate per hour), resulting in a doubled rate of feeding per hour (130 ml/hr vs the ordered at 65ml/hr), which resulted in an episode of emesis, and the likelihood of fluid overload.</p> <p>Resident #112:</p> <p>Review of the Face Sheet, Minimum Data Set, dated dated ,d+[DATE], Physician orders dated 6/6/23, nutritional care plan dated 6/7/23 and Dietary notes dated 6/23. The resident was [AGE] years old, alert and responsible for self, a full code, and admitted to the facility on [DATE]. The resident's diagnosis included, extradural and subdural abscess, sepsis, morbid obesity, Dysphagia (difficulty swallowing), weakness, reduced mobility and had a history of COVID-19 with respiratory failure.</p> <p>Review of the Physician order dated 6/6/23, stated Enteral Feed Order (tube feeding) two times a day infuse and pump via J tube Jevity 1.5 at 65 ml/hr x 12 hours or until 780 ml/hr 1170 cal's infused. The tube feeding (TF) was to run via pump at 65 ml's per hour.</p> <p>Review of the nutritional care plan dated 6/7/23, revealed the residents was at risk for aspiration pneumonia and nursing was to observe and document any problems with the TF.</p> <p>Review of nursing notes dated 6/12/23 at 10:22 p.m., revealed a family member found the resident's TF rate to be set at 130 ml an hour. The notes stated tube feeding was placed on hold, while rolling patient she had an episode of clear dark yellow/brown emesis; tube feeding was restarted (after putting it on hold to clean the resident up), and found to be flowing at a rate of 130, with 500 ml delivered. The family member insisted the resident be transferred to the hospital immediately for evaluation and treatment.</p> <p>Review of the electronic medication administration record dated 6/23, revealed on 6/12/23, it was Nurse C who hung the feeding for Resident #112.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235666	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2024
NAME OF PROVIDER OR SUPPLIER Regency at Grand Blanc		STREET ADDRESS, CITY, STATE, ZIP CODE 1330 Grand Pointe Court Grand Blanc, MI 48439	
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Nurse Practitioner notes dated 6/12/23, stated Resident with multiple issues Aspirated on tube feeding; resident family insisted she be sent to emergency room for evaluation, resident sent to ER (emergency room).</p> <p>Review of the Hospital records dated 6/12/23, stated The patient also was supine (laying flat per family member), and was felt to have her enteral feedings (TF) running at 130 cc/hr and was totally supine and had clinical indicators of cough with sputum production suggesting the patient had aspiration pneumonia.</p> <p>Review of the facility description of deficient practice statement dated 8/10/23, stated on 6/12/23, it was identified that (Resident #112's) tube-feeding settings were not set at the correct rate. Upon completion of cleaning (resident #112) up; it (the tube feeding rate) was at that time that she noted the dose of 130,;hr with 500, ml delivered since the tube feeding had started.</p> <p>Review of facility nurses meeting held in July 2023, stated IV/TF- Please be sure you are verifying rates and volume with EVERY DOSE!.</p> <p>During an interview done on 5/21/23 at approximately 9:30 a.m., the DON (Director of Nursing) confirmed Nurse LPN C did not confirm the residents rate of TFing when she hung a new bag on 6/12/23.</p> <p>During an interview done on 5/21/23 at 12:15 p.m., Nurse, LPN C stated (on 6/12/23) I stayed over for four hours, I came in at 7:00 a.m., so it was a total of 12 hours. I hung her (Resident #112) TFing as documented at 7:00 p.m. on 6/12/23. You are suppose to look at the order and it will tell you the rate and total amount to be infused. Then make sure you have the right bottle of TFing and then check the machine and make sure the rate is what the order says. It is possible that it (the feeding pump) was pre programmed when I turned it on, I can't remember at this point.</p> <p>Observation done on 5/21/23 at approximately 12:30 p.m., of a random facility TFing running revealed in order to change the rate on the TFing pump (machine), you had to pause the pump and, using the arrows, change the rate then stop the pause to continue the feeding via pump.</p>		