

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235706	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/26/2024
NAME OF PROVIDER OR SUPPLIER Regency at Lansing West		STREET ADDRESS, CITY, STATE, ZIP CODE 12200 Broadbent Lansing, MI 48917	

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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46954</p> <p>Based on observation, interview, and record review the facility failed to ensure one out of five residents (Resident #9) had water available at the bedside, resulting in the potential for dehydration.</p> <p>Resident #9 (R9)</p> <p>Review of the medical record revealed R9 was admitted to the facility on [DATE] with diagnoses which included chronic obstructive pulmonary disease (chronic inflammatory lung disease that causes obstructed airflow from the lungs), hemiplegia and hemiparesis following cerebral infarction (one sided weakness caused by a stroke), glaucoma (condition that causes damage to the optic nerve, and dry eye syndrome of bilateral lacrimal glands (gland that produces tears). The Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 6/11/24 revealed R9 scored 14 out of 15 (cognitively intact) on the Brief Interview for Mental status. Review of R9's Care Plan reflected R9 required the assistance of one staff member for personal hygiene and was dependent for toileting with the use of a bed pan and briefs.</p> <p>On 7/23/24 at 3:02 PM, R9 was observed in her bed wearing a hospital gown. R9's call light was out of reach and R9 did not have any water available for her. R9 asked for assistance with obtaining her call light stating that she wanted some water because she felt so dry, having water is important to me. R9 stated that she felt she did not receive enough water throughout the day and often times, she would use her call light to ask for staff for fresh water and staff would acknowledge the request but forget to bring a water.</p> <p>On 7/24/24 on 3:43 PM, R9 was observed in bed, resting. R9 did not speak when greeted. R9 had an intravenous catheter in her right hand and intravenous fluids running.</p> <p>Review of a Physician Order dated 7/24/24 revealed sodium chloride solution (normal saline) 0.9% (percent) use 100 ml/hr (milliliters an hour) intravenously x 10 hours (for ten hours) for fluid support for one day.</p> <p>Review of a Progress Note dated 7/25/2024 revealed Patient was noted with drier mucus membranes yesterday and she did agree to labs, IV fluids and urine sample. Patient did get one liter of NS (normal saline) with improvement noted with vitals and alertness. Patient is drinking oral fluids and labs show continued need for hydration and will continue with one additional liter of NS.</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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 07/25/24 at 3:50 PM, R9 was observed in bed. R9 smiled and greeted when addressed. R9 stated that she was feeling a little better after receiving fluids.</p> <p>During the week of the survey, a confidential staff member stated that she was familiar with R9. The confidential staff member reported that it was a standard of care to bring a fresh water to all the residents at the start of every shift, however there are times when there is no time to pass waters. The confidential staff member stated that R9 will refuse things like to get out of bed and refuse showers, however, does not refuse water.</p>		