STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235710	A. Building B. Wing	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency at Shelby Township	7401 22 Mile Road Shelby Township, MI 48317

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake 2992237.Based on observation, interview and record review, the facility failed to ensure interventions were implemented and care provided timely for three residents (R903, R904, and R906) of seven reviewed for care plan implementation and care needs. Findings include: R906On 05/05/26 at 9:30 AM, R906 was observed laying on their back in bed. R906's legs were slightly flexed at the knees and the heels rested on the bed. A Pressure Relieving Ankle Foot Orthotic (PRAFO) boot was on an armchair to the right of the bed. R906 reported they had a wound to the left heel and needed help to put the boot on, and staff had not come in, and the boot had not been applied that morning. When asked if they could move about in the bed, the resident reported they had limited movement of the left leg. At 11:55 AM, R906's heels and the PRAFO boot were in the same position as before. The heels rested on the bed. A review of the active physician orders in the electronic medical record (EMR) documented Left heel: Cleanse with normal saline, pat dry. Apply betadine moistened gauze and cover with kerlix dressing. Offload with heel lift boot (PRAFO). Every day (morning) shift for (deep tissue injury caused by pressure) DTI and as needed for DTI. Active. 4/29/2026 09:00.A review of the EMR revealed R906 was admitted into the facility on [DATE]. Diagnoses included Muscle Wasting and Atrophy-Multiple Sites, Bacterial Arthritis of the Left Knee and Chronic Gout. The active care plan initiated 04/28/26 documented, Impaired visual function .Risk for impaired skin integrity . Cue to reposition self as needed .Pressure reduction house stock mattress to bed, pillows for repositioning and floating heels off mattress, heel lift boots . requires Physical Therapy (related to) r/t decline in function or to maintain/slow decline secondary to (left total knee) L TKA, muscle weakness, difficulty walking: Decline in gait/ambulation, Decline in (left lower extremity) LLE (range of motion) ROM. Decline in Transfer skills, Decrease in bed mobility, Decreased LLE strength, Decreased mobility, Decreased (right lower extremity) RLE strength, Decreased sitting balance, Decreased standing balance, pain .requires 1 person assist, max A (assist) for supine sit (edge of bed) EOB bed mobility . ambulates 5 ft using 2 (wheeled walker) ww, max A x 2 person assist . A review of the minimum data set assessment dated [DATE] documented intact cognition with a 15/15 brief interview for mental status score (BIMS) and the need for substantial/maximal assistance for toileting hygiene, showering/bathing, lower body dressing, put on/take off footwear, rolling left and right in bed, and bed to chair transfers. R904On 05/05/26 at 9:38 AM, R904 was lying kitty corner in the bed with their feet off the left lower edge of the bed and their head at the right upper corner of the bed. R904 reported staff are sometimes a little slow, up to thirty minutes when the call light is ringing. R904 reported staff had been in to provide medications and check their vital signs. R904 said they had a stroke and still had some right sided weakness from a stroke and needed assistance. R904 reported they recently had an accident recently and was laying in urine-soaked clothes and the nurse took a long time to come in. R904 reported when the nurse did come in, they declined to help R904 and left them in wet clothes and R904 felt ignored. R904 reported they ended up cleaning themself up and it took them over an hour.A review of the EMR for R904 revealed R904 was admitted into the facility on [DATE]. Diagnoses included Hemiplegia and Hemiparesis (paralysis) of the Right Dominant Side, (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235710	A. Building B. Wing	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency at Shelby Township	7401 22 Mile Road Shelby Township, MI 48317

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Muscle Wasting and Atrophy, and Gout. The active care plan initiated 04/17/26 documented, Impaired visual function . is at risk for complications of right Hemiplegia/Hemiparesis r/t Stroke/CVA . Assist with ADLs/Mobility/repositioning as needed . is incontinent of bladder & bowel R/T: weakness, impaired mobility .Check q 2 hr and prn for incontinence. Wash, rinse and dry perineum. Change clothing after incontinence care as needed . A review of the Minimum Data Set (MDS) assessment dated [DATE] documented intact cognition with a 14/15 brief interview for mental status score (BIMS) and the need for partial/moderate assistance for toileting hygiene, showering/bathing, lower body dressing, put on/take off footwear, rolling left and right in bed, and bed to chair transfers. R903On 05/05/26 at 10:12 AM, R903 was observed to be seated in an armchair in their room and had rung (activated call light) for pain meds about 5 PM the day before (05/04/26) and a (certified nursing assistant) CNA staff came in and said they would let the nurse know. R903 reported they waited about 20 minutes and rang again at which time around 6 PM the aide returned and reported they would tell the nurse. At 6:30 PM, R903 reported they walked out into the hall toward the nurse station and saw the nurse and the aide sitting at the nurse station. R903 reported they held up their hands and arms (showed arms extended out and palms up in a questioning gesture) and asked, Ma'am my pain medication? R903 said the staff said they were really busy right now. R903 commented What my pain medication is not important? R903 reported they then waited two and a half more hours until the next shift's nurse gave them their pain medication. R903 further commented, It is ridiculous to wait over two hours for pain medication. At 4:48 PM, the Director of Nursing (DON) reported they may have received a grievance form for this resident concern but had not yet reviewed it. A review of the EMR for R903 revealed R903 was admitted into the facility 04/28/26. Diagnoses included Bladder Cancer and Heart Failure. A review of the active care plans documented at risk for pain and has acute pain from nephrostomy (artificial drain tube for kidneys) tubes and hydronephrosis (swelling/pressure buildup in the kidneys) and chronic pain r/t bladder (cancer) CA and (osteoarthritis) OA. Date Initiated: 04/29/2026 . Administer medications as ordered. Anticipate resident's need for pain relief PRN and respond immediately to any complaint of pain .A review of the Electronic Medication Administration Record (EMAR) note dated 05/04/26 at (9:30 PM) 2130, documented Hydrocodone-Acetaminophen 5-325 (milligrams) mg oral tablet give one tablet by mouth every six hours as needed for back pain. This time would have been on the next shift. The previous pain medication per the EMAR notes was given at 5:38 AM on 05/04/26. An MDS dated [DATE] documented intact cognition with a 15/15 BIMS score and the need for partial/moderate assistance for chair to bed transfers.On 05/05/26 at 12:16 PM, Licensed Practical Nurse (LPN) B and Certified Nursing Assistant (CNA) C reported their unit had a high demand kind of patient. LPN B reported they were assigned 18 residents while the CNA C had 15 residents. It was noted by CNA C that it was busy and hard to get things done and one day they had gone from 20 to thirty patients after one CNA went home. The schedule documented two CNAs were scheduled. On 05/05/26 at 4:21 PM, the Director of Nursing (DON) acknowledged they had staff call offs, but have managerial staff available to pitch in. A review of the facility policy titled, Care Planning revised 06/24/21 revealed, Every resident will have a person-centered plan of care developed and implemented that is consistent with the resident rights .