

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235733	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER Regency at Troy		STREET ADDRESS, CITY, STATE, ZIP CODE 2685 West Maple Road Troy, MI 48084	

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38271</p> <p>This citation pertains to Intake #MI00149338.</p> <p>Based on observation, interview and record review facility failed to document and promptly resolve grievances/concerns reported to facility staff for one resident (R901) of three residents reviewed for grievances. Findings include:</p> <p>On 1/29/25, a complaint received by the State Agency was reviewed that alleged the facility failed to follow-up on care and abuse concerns that R901 had allegedly experienced and that the facility administration was aware of the concerns.</p> <p>On 1/29/25 at approximately 9:46 a.m., during a conversation with a person who preferred to remain anonymous, the person reported that R901 had experienced a few incidents of improper care that the administration staff should have been aware of on 1/3/25 and 1/4/25 that needed to be investigated including R901 being told by a Nurse that their breasts were exposed in the hallway and that a CNA (Certified Nursing Assistant) had refused to assist R901 in wiping up during their use of the restroom.</p> <p>On 1/29/25 the medical record for R901 was reviewed and revealed the following: R901 was initially admitted to the facility on [DATE] and had diagnoses including Dysthemic disorder, Insomnia and Muscle weakness. A review of R901's MDS (minimum data set) with an ARD (assessment reference date) of 1/1/25 revealed R901 needed supervision/touching assistance from facility staff with most of their activities of daily living.</p> <p>On 1/29/25 at approximately 10:02 a.m., the Administrator was queried pertaining to R901's allegations of a CNA refusing to assist R901 with wiping in the restroom and a Nurse telling R901 their breasts were hanging out of their shirt in the hallway. The Administrator indicated they were aware of both of the allegations and that the concerns had already been investigated to see what had actually occurred. The Administrator indicated that the CNA in question was CNA C who denied refusing to assist R901 in the bathroom and that they had encouraged R901 to wipe themselves but did not refuse to help them. The Administrator was queried if they were aware of the allegations of the Nurse telling R901 that their breasts were showing in the hallway and they reported they were and that the Nurse in question was Nurse B. At that time, the Administrator was queried for any documentation that the grievances pertaining to both of the concerns had been investigated and resolved.</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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/29/25 at approximately 10:29 a.m., during a follow up conversation with the Administrator, the Administrator reported they did not have any grievance documentation pertaining either of the incidents discussed that included CNA C or Nurse B but they would ask the DON (Director of Nursing) if they had anything else to provide.</p> <p>On 1/29/25 at approximately 10:43 a.m., during a conversation with the DON, the DON was queried regarding both incidents that involved CNA C and Nurse B alleged incidents with R901. The DON reported they were aware of the allegations but did not have any grievance documentation pertaining to the concerns. The DON was queried if they utilized the grievance process in the facility and they reported that they normally do but did not have any documentation for those specific incidents.</p> <p>On 1/29/25 at approximately 11:07 a.m., R901 was observed in their room, up in their wheelchair and dressed. R901 was queried regarding the allegations of a CNA refusing to help them in the restroom and the Nurse telling them that their chest was exposed in the hallway. R901 indicated that the CNA was CNA C and that they no longer can take care of them due to the incident. R901 reported that they had gone into the restroom and tried to wipe themselves but they could not do it and CNA C kept telling them they could and that it was frustrating that the CNA would not listen to them. R901 also reported that the other incident happened as they were coming out of their room and the Nurse told them that their shirt had risen up and that their stuff was showing and the Nurse told them loudly to go back in their room. R901 indicated they felt that was not an appropriate way to tell them. R901 was queried if anyone was made aware of either of the incidents and they reported that the managers in the building were all aware of it.</p> <p>On 1/29/25 at approximately 12:10 p.m., Nurse B was queried regarding the allegation that they had humiliated R901 and informed them that their breasts were showing in the hallway. Nurse B reported that the incident occurred when R901 was in their doorway and was halfway undressed and that they had informed R901 that they should not come out into hallway with their privates exposed and politely asked them to turn around and would come back and help them. Nurse B indicated that the Administrator had reviewed the incident with them and they reported they said the same thing to them.</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/29/25 a facility document pertaining to the facility's grievance process titled Care Program was reviewed and revealed the following: Purpose: To ensure that the facility actively resolves and concerns/grievances submitted orally or in writing to the Administrator, Director of Nursing, or any other member of the facility's staff .If a resident, a resident's representative, or another interested person has a concern (including missing items), a staff member should encourage and assist the resident, or person acting on the resident's behalf to file a written concern/grievance with the facility. The concern/grievance can be documented using the resident, family, employee and visitor assistance form If the facility receives a concern/grievance orally, staff should document the concern using the resident, family, employee and visitor assistance form .Staff receiving the concern/grievance should acknowledge receipt of concern and immediately address the concern if possible and document the resolution .All concerns shall be discussed with the Department Managers during the morning interdisciplinary team (IDT) meeting following the day of receipt. During the meeting the team will determine who will investigate the concern if the investigation has not been initiated. That department manager/designee assigned will have 5-7 business days following receipt of the concern to complete the investigation and document his/her conclusions. The investigation and report should be completed using a resident, family employee and visitor assistance form and forward to the Administrator .The Administrator will review the findings of the investigation to determine if it has been resolved .The Administrator and/or department manager will contact the resident or person filing the concern as soon as possible but not longer than within 72 hours of receipt of the concern to inform them of the status of the concern. The Administrator will send all concerns to 'ERMA' so they may be logged on the facility concern QA&A log (quality assurance) .The original resident, family, employee and visitor assistance form must be filed in a notebook and maintained in the Administrator's office. The Administrator/designee will follow-up with the individual filing the concern again within 7 days after the initial follow-up to assure that the concern is addressed to their satisfaction .The Administrator is the grievance officer at the facility .</p>		