

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 744063	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 7/2/2025
NAME OF PROVIDER OR SUPPLIER REGENCY ON THE LAKE - FORT GRATIOT			STREET ADDRESS, CITY, STATE, ZIP CODE 5669 LAKESHORE FORT GRATIOT, MI 48059	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000 SS=	INITIAL COMMENTS Regency On The Lake-Fort Gratiot was surveyed for a Recertification survey on 7/2/2025. Census: 126	F0000		
F0761 SS= D	Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed properly store, label, and date medications for one resident (R56) of four residents reviewed for medication administration. Findings include:	F0761	1 Corrective action taken for resident 56. The unlabeled inhaler was removed from the cart and replaced with a new inhaler from pharmacy which was labeled and dated appropriately. 2. All residents have the potential to be affected by the deficient practice. All med carts were audited by unit managers and no unlabeled/dated medications were found. 3. The Medication Management Policy was reviewed by the IDT and deemed to be appropriate. All licensed nurses will be educated on the Medication Management Policy with an emphasis on labeling and dating medications according to manufacturer guidelines. Resident name labels have been made available at each nursing station. 4. The DON/designee will conduct random audits of the medication carts to ensure that all medication are appropriately labeled and dated. These audits will be weekly x4 weeks and then monthly x2 until compliance has been maintained. The results will be brought to QAPI for further recommendations. 5. The DON/NHA are responsible for continued compliance.	7/22/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

07/10/2025

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.

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	<p>On 06/30/25 at 10:08 AM, Licensed Practical Nurse (LPN "A") was observed to retrieve an inhaler for R56 from the cart which was unlabeled and undated. LPN "A" was asked if there was a date opened on the inhaler and replied, "No."</p> <p>A review of R56's physician's order revealed, "Ventolin HFA Inhalation Aerosol Solution 108 (90Base) Microgram per actuation (MCG/ACT)(Albuterol Sulfate) 2 puff inhale orally four times a day for shortness of breath."</p> <p>A review of R56 medical record revealed R56 was admitted to the facility on 08/02/2024 with a diagnosis of Alzheimer's. A review of R56's most recent Minimum Data Set assessment (MDS) revealed R56 with impaired cognition and required assistance of activities of daily living including medication administration.</p> <p>On 07/01/25 at 9:19 AM, the Director of Nursing (DON) was asked about the inhaler in the med cart not being labeled. The DON explained, they did not believe inhalers need a date opened on them, but would have to look at the policy.</p> <p>A review of facility policy titled "Medication Management" dated 9/22/2023 revealed, "Medications are stored, dispensed and destroyed in a manner to ensure safety and conformance with state and federal laws..."</p>						

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	Medications will be dated and discarded per manufactures guidelines..."					