

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235333	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/23/2020
NAME OF PROVIDER OF SUPPLIER REGENCY, A VILLA CENTER		STREET ADDRESS, CITY, STATE, ZIP 12575 S TELEGRAPH RD TAYLOR, MI 48180	
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	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>This citation pertains to intake MI 691. Resident #202. Based on interview and record review, the facility failed to develop a comprehensive safety care plan and implement safety interventions for one Resident (R#202) out of 3 residents reviewed for care planning, resulting in the likelihood for fractures and hospitalization . Findings include: On 9/23/20 at 3:04 p.m., review of the clinical record revealed R#202 was initially admitted into the facility on [DATE] with [DIAGNOSES REDACTED]. No Minimum Data Set (MDS) assessment available. Nurses Progress Notes dated 9/23/20 documented, R#202 is confused, oriented to person only. On 9/23/20 at 3:10 p.m., review of the admission's Fall Risk Evaluation dated 7/15/20 documented, R#202 Fall Risk Score was 6 (Total score of 5 or above is high risk). R#202's Fall Risk Factors documented</p> <p>Questions, Points, and Answers as following: Question 4. Does the resident have confusion/disorientation/impulsivity? Answer checked, Yes (3Points). Question 5. Is the resident free from confusion but exhibiting poor judgement? Answer checked, No. Question 6. Does the resident have altered elimination (Incontinence, nocturia, frequency)? Answer checked, Yes (3 Points). Review of R#202's Fall care plan revealed, the fall care plan was not personalized to the resident, and no documented person-centered safety interventions. Review of R#202's Activity Daily Living care plan date initiated 7/15/20 documented, The resident has actual /Potential for an Activity Daily Living (ADL) self -care performance deficit . The ADLs care plans revealed, no documented transfer status and safety interventions. On 9/23/20 at 3:20 p.m., review of the Electronic Health Record Nurses Progress Notes dated 7/15/20 documented, R#202 uses a Wheelchair, Nurses Progress Notes dated 7/16/20 also documented, R#202 Resident was walking all around the floor . On 9/23/20 at 3:45 p.m., the Director of Nursing (DON) was interviewed. During the interview the DON confirmed that residents with a fall risk score of 5 and above is at risk for falls. The DON was asked, should residents with a score of (6) have safety interventions added to the Fall care plan? The DON stated, Yes, and the computer generates the care plans for them (Nurses). The DON was asked, was the admitting nurses responsible for imitating safety interventions for the residents once identified as a fall risk? The DON stated, The computer automatically generates a generic safety care plan for high fall risk residents. The DON was asked to review the resident's Fall care plan and verbalize the safety interventions. The DON stated, The generic care plans has something on them, but the nurse didn't put any safety interventions though. This one is the generic fall care plan. The DON was asked again, once the admitting nurses identifies a resident is at risk for falls, are they responsible for starting safety interventions? The DON stated, Yes, they should have, even if we have 48 hours from admission to finish the care plans. The DON was asked, are the residents still at risk for hurting themselves before the 48hours? The DON stated, But I see what you mean, she (The Nurse) should have put something on the care plan then when she (The Nurse) knew the resident was a fall risk.</p>		

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

TITLE

(X6) DATE

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.