STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385064	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Care of Rogue Valley	1710 NE Fairview Avenue Grants Pass, OR 97526

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. 50930 Based on interview and record review it was determined the facility failed to notify a resident prior to change of administration of medication for 1 of 1 sampled resident (#139) reviewed for informed consent. This placed residents at risk for lack of informed consent. Findings include: Resident 139 admitted to the facility in 2024 with diagnoses including depression. A 3/26/24 Admission MDS indicated Resident 139 was cognitively intact. Admission orders signed 3/28/24 revealed Citalopram (an anti-depressant) 60mg at bedtime and Imipramine (an anti-depressant) 50mg at bedtime for depression. An 4/9/24 provider order specified Citalopram 20mg at bedtime and Imipramine 25mg at bedtime for depression. An 4/18/24 provider note indicated the provider spoke with Resident 139 and she/he had no unaddressed concerns. A review of Resident 139's chart revealed no documentation to indicate Resident 139 was notified of the changes to her/his medications. On 11/18/24 at 2:49 PM Resident 139 stated she/he was taking Citalopram 60mg and Imipramine 50mg at bedtime as a successful depression treatment for years. She/He stated the facility reduced her/his medications without her/his knowledge or consent. On 11/20/24 at 12:10 PM Staff 23 (Social Services Director/Admissions) verified no other information was present in Resident 139's chart regarding notification of medication changes.

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
	385064	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Care of Rogue Valley	1710 NE Fairview Avenue Grants Pass, OR 97526

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. 26991 Based on observation, interview, and record review it was determined the facility failed to provide a meaningful activity program for 1 of 1 sampled resident (#3) reviewed for activities. This placed residents at risk for lack of social engagement. Findings include: Resident 3 admitted to the facility in 8/2023 with a diagnosis of paralysis. A 7/23/24 annual MDS revealed Resident 3 was cognitively impaired, preferred to stay in bed, and required assistance with ADLs. When interviewed, Resident 3 indicated choosing activities was very important. Activities important to Resident 3 included interaction with pets and reading. A care plan initiated on 8/23/23 and revised on 10/7/24 indicated Resident 3 was at risk for little activity involvement related to physical mobility, decreased ROM, impaired motor skills, and deficits in judgement. Activities to offer included to invite Resident 3 to group activities, provide 1:1 visits, and to provide reading material. An 10/23/24 Activities Quarterly Participation Review form indicated Resident 3 preferred to self-direct her/his own activities, did not want to participate in group activities, and 1:1 visits were acceptable. The form indicated there was only one 1:1 activity provided during the previous quarter. Resident 3's favorite activities included reading the bible, looking out her/his window, napping, and visits with family and her/his roommate. An Activity Participation log from 10/22/24 through 11/16/24 indicated Resident 3 participated in independent activities. The activity identified was snack offered. No 1:1 visits were provided, no reading, and no other visits occurred. On 11/18/24 at 12:30 PM Resident 3 stated there was not much to do for activities. Resident 3 was not able to articulate what she/he wanted to do. On 11/19/24 at 2:45 PM Staff 8 (CNA) stated Resident 3 did not like television, but enjoyed talking and joking. Staff 8 stated staff offered Resident 3 group activities, but she did not like group activities. Observations revealed: -On 11/18/24 at 12:30 PM Resident 3 was in bed, awake, window blinds closed, and there was no television or music playing in the background. -On 11/19/24 at 10:18 AM Resident 3 was observed in bed with her/his eyes shut, there was no music or television playing in the background. -On 11/20/24 at 8:51 AM Resident 3 was observed in bed with her/his eyes shut and her/his window blinds closed. -On 11/20/24 at 9:22 AM Resident 3 was in bed, awake, and her/his blinds were shut. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385064	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Care of Rogue Valley	1710 NE Fairview Avenue Grants Pass, OR 97526

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 11/20/24 at 8:27 AM Staff 3 (Activity Supervisor) stated both she and her/his assistant provided 1:1 visits with residents. If a visit was provided it was documented in the resident's clinical record. Staff 3 stated the facility had a volunteer with a dog visit the facility, but it was very infrequent. Staff 3 acknowledged Resident 3 liked pets and there were some facility staff who had pets in the facility which Resident 3 may enjoy. Staff 3 stated Resident 3 slept a lot but was awake for meals and showers. Staff 3 indicated 1:1 visits could be scheduled during the times Resident 3 was awake. Staff 3 stated she was not sure if Resident 3 was able to read and stated the facility had an audible book player, but did not offer it to Resident 3. Staff 3 acknowledged the resident only had snacks as documented activities and family did not come in very often. On 11/20/24 at 9:21 AM Staff 7 (CMA) stated Resident 3's blinds were often shut, but Resident 3, on occasion, asked staff to open her/his blinds.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385064	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Care of Rogue Valley	1710 NE Fairview Avenue Grants Pass, OR 97526

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. 41455 Based on interview and record review it was determined the facility failed to properly assess a pressure ulcer and revise treatments for 1 of 1 sampled resident (#5) reviewed for pressure ulcers. This placed residents at risk for worsening pressure ulcers. Findings include: Resident 5 admitted to the facility in 3/2017 with diagnoses including dementia and failure to thrive. An 4/11/24 Annual Pressure Ulcer CAA indicated Resident 5 was at risk for pressure ulcers, was unable to make position changes independently, and had recurrent MASD (Moisture Associated Skin Damage). A 7/4/24 Unavoidable Pressure Injury Evaluation indicated Resident 5 had MASD which resulted in a pressure injury due to fragile skin and impaired skin integrity despite pressure injury interventions. An 10/2/24 Quarterly MDS indicated Resident 5 had a facility acquired Stage 3 (full thickness tissue loss) pressure ulcer. An 10/12/24 physician order indicated Resident 5 was to receive wound care to her/his coccyx (tailbone) every evening which included to cover the wound bed with calcium alginate (dressing to treat wounds with moderate to heavy drainage), apply marathon (wound protective layer) to the peri-wound (tissue surrounding the wound) and cover the wound with a foam dressing. An 10/29/24 Wound Evaluation revealed Resident 5's Stage 3 coccyx wound was improving, the peri-wound area was denuded (surface area removed), the wound exudate (fluid) was moderate and measured 0.51 cm x 0.76 cm and was 0.1 cm in depth. The progress notes indicated the wound was healing and current treatment continued. A 11/4/24 Wound Evaluation revealed Resident 5's wound was deteriorating, the exudate was light and bloody, and the wound measured 1.71 cm x 3.89 cm and it was 0.1 cm in depth. Progress notes indicated the current treatment continued. A 11/15/24 Wound Evaluation revealed Resident 5's wound continued to deteriorate, the exudate was light and bloody, and the wound measured 7.67 cm x 14.69 cm and it was 0.1 cm in depth. Progress notes indicated the wound size greatly increased due to the adhesive from the dressing which irritated the skin, but the pressure injury was nearly resolved. No new notes related to wound treatment were found. On 11/19/24 at 5:14 PM Staff 14 (LPN) stated she completed Resident 5's wound treatment weekly, the wound was improving but the surrounding area around the wound appeared to worsen. Staff 14 stated Staff 4 (RN-Patient Care Coordinator) assessed Resident 5's wound weekly and determined what treatments were necessary. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385064	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Care of Rogue Valley	1710 NE Fairview Avenue Grants Pass, OR 97526

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 11/20/24 at 1:46 PM Staff 15 (LPN) stated a few weeks earlier she observed two to three new red spots near Resident 5's coccyx wound that remained closed but wanted to open (indication of a Stage 1 pressure ulcer when the skin is intact and appears red). Staff 15 stated Resident 5's entire coccyx wound area appeared worse compared to prior observations and Staff 4 was aware. On 11/20/24 at 3:28 PM Staff 4 stated she believed Resident 5's coccyx wound was healing and wanted to focus on the coccyx wound before the surrounding skin issue was addressed. Staff 4 stated she did not consider an alternative to the residents' current wound treatment despite the changes observed to the surrounding skin. At 11/20/24 at approximately 3:30 PM Staff 2 (DNS) reviewed the wound documentation and acknowledged Resident 5's wound should be assessed as two separate wounds with a new treatment regimen considered at the time the surrounding skin area of the initial wound deteriorated.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385064	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Care of Rogue Valley	1710 NE Fairview Avenue Grants Pass, OR 97526

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. 26991 Based on interview and record review it was determined the facility failed to ensure a resident was provided an RA program for 1 of 1 sampled resident (#3) reviewed for mobility. This placed residents at risk for increased weakness. Findings include: Resident 3 admitted to the facility in 8/2023 with a diagnosis of paralysis. A 7/23/24 annual MDS indicated Resident 3 had impaired cognition, was bed bound, required a mechanical lift for transfers, and assistance with ADLs. An 8/3/24 PT Discharge Summary revealed Resident 3 was provided therapy services to assist her/him with increased independence with bed mobility, sitting balance while in a wheelchair, and improve ROM to her/his legs. The benefit of therapy was to prevent contractures and muscle wasting. Discharge recommendation included a RA program. The RA program was for ROM for feet mobility and leg rotation. The RA program was also to assist in maintaining the resident's ability to sit at the side of the bed, transfer to the wheelchair, and participate in bed mobility. A care plan revised on 10/30/24 revealed Resident 3 had a walking deficit and impaired bed mobility due to decreased ROM, decreased cognition, impaired balance, and weakness. Interventions indicated therapy was to be provided as needed, but she/he had poor therapy participation. The care plan indicated Resident 3 did not walk and she/he was dependent on one staff to assist with turning and sitting up in bed. The care plan did not include a RA program. Review of Resident 3's clinical record did not include documentation to indicate a RA program was implemented. On 11/19/24 at 4:09 PM Staff 22 (Therapy Director) verified Resident 3 participated in therapy from 6/25/24 to 8/3/24 for leg ROM. Staff 22 verified a RA program was established. If RA was determined to be appropriate the RA staff would be trained in the program and then the program would be implemented. Staff 22 stated she did not see a RA program in the RA book. On 11/19/24 at 4:42 PM Staff 5 (RA) stated he worked in the facility for many years and never worked with Resident 3. On 11/19/24 at 4:55 PM Staff 4 (RN Patient Care Coordinator) stated if therapy recommended a RA program, they set up the exercises and provided a copy of the referral to her. She then ensured the resident was provided restorative services. After a period of time if the resident did not participate the RA program would be re-reevaluated and determined if it should continue or discontinue. Staff 4 stated Resident 3 historically refused therapy. Staff 4 stated she was never provided a RA referral to implement for Resident 3.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385064	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Care of Rogue Valley	1710 NE Fairview Avenue Grants Pass, OR 97526

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 49676 Based on observation, interview and record review it was determined the facility failed to maintain water temperatures for 2 of 6 sampled residents (#s 27 and 88) reviewed for environment and accidents. This placed residents at risk for burns. Findings include: 1. Resident 27 admitted to the facility 10/2024 with a diagnosis of a wedge compression fracture. An 10/2024 admission MDS revealed Resident 27 was cognitively intact. Resident 27 resided in Birch Hall. On 11/19/24 at 10:54 AM Resident 27 stated on one occassion she/he used the sink to wet her/his hair. On 11/19/24 at 10:56 AM Staff 6 (Maintenance Director) used a digital thermometer to test the hot water temperature at the tap of the sink in Resident 27's room. The thermometer indicated the hot water temperature was 125 degrees F. Staff 6 acknowledged the temperature of the hot water in Resident 27's room needed to be dialed down. 26991 2. Resident 88 admitted to the facility 11/2024 with a diagnosis of hip surgery. A 11/14/24 admission MDS revealed Resident 88 was cognitively intact. Resident 88 resided in Cedar Hall. On 11/18/24 at 2:59 PM te hot water at the tap of the sink in Resident 88's bathroom was hot to touch when checked by the surveyor. On 11/19/24 at 9:30 AM Resident 88 stated the water was very hot if she/he was not careful, but she was able to adjust the temperature. On 11/19/24 at 9:51 AM Staff 6 (Maintenance Director) measured the temperature of the hot water in Resident 88's bathroom and it was observed to be 126 degrees F. Staff 6 stated the hot water heater was in a room adjacent to Resident 88's bathroom. On 11/19/24 at 2:21 PM Staff 6 stated he performed weekly water temperature checks in random resident rooms. Staff 6 indicated his goal was to keep the water temperature between 113 and 118 degrees F. Staff 6 stated no one reported concernsregarding excess water temparature in resident rooms.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385064	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Care of Rogue Valley	1710 NE Fairview Avenue Grants Pass, OR 97526

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26991 Based on interview and record review it was determined the facility failed to ensure respiratory treatments were implemented timely and diagnostic results were available in the medical record timely for 1 of 1 sampled resident (#1) reviewed for respiratory care. This placed residents at risk for respiratory complications. Findings include: Resident 1 admitted to the facility in 8/2021 with a diagnosis of a stroke. Progress Notes revealed: -10/8/24 Resident 1 was assessed by her/his NP for shortness of breath and orders were placed for a PRN nebulizer (machine which turns liquid medicine into a mist that can be inhaled to treat lung conditions). The note was not signed by the NP as completed until 10/26/24. -10/10/24 Resident 1 had shortness of breath, wheezing, and the physician was faxed to obtain an order for a nebulizer. -10/11/24 Resident 1 had chest pain with deep breaths, an order for a chest x-ray was obtained, and staff were waiting for results. -10/17/24 staff called radiology for x-rays obtained on 10/11/24. -10/21/24 staff confirmed radiology was completed on 10/11/24. Resident 1's 10/2024 MAR revealed her/his nebulizer was started on 10/10/24 and not started on 10/8/24 when prescribed by the NP. Resident 1's record indicated the x-ray ordered on 10/11/24 was faxed to the facility on [DATE]. On 11/19/24 at 2:00 PM Staff 4 (RN Patient Care Coordinator) stated when a medical provider assessed residents they communicated their findings with facility staff, or wrote orders. Staff 4 stated if an x-ray was ordered and obtained, the results were usually in the chart within one week. If the results were not in the record staff called for the results. Staff 4 acknowledged the x-ray was not faxed to the facility until 10/28/24. Staff 4 was not sure the reason why the nebulizer was not started on the day the NP assessed Resident 1.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385064	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Care of Rogue Valley	1710 NE Fairview Avenue Grants Pass, OR 97526

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. 26991 Based on interview and record review it was determined the facility failed to monitor a resident's thyroid hormone level for 1 of 5 sampled residents (#1) reviewed for medications. This placed residents at risk for a non-therapeutic medication regimen. Findings include: Resident 1 admitted to the facility in 8/2021 with a diagnosis of obesity. A 9/20/24 Order Summary Report revealed Resident 1 was administered Synthroid (hormone to increase thyroid levels). The start date was 10/9/21. Resident 1's clinical record revealed her/his last TSH (thyroid stimulating hormone; monitors thyroid function) test was obtained on 11/20/22 and the results were within therapeutic range. No additional TSH test results were in the clinical record. On 11/19/24 at 2:00 PM Staff 10 (LPN IP) stated TSH levels were usually checked annually. A request was made to Staff 10 to provide documentation a TSH level was obtained yearly after 2022 or a rationale was in the resident's record indicating it was not required. No additional information was provided. On 11/19/24 at 5:00 PM in interview with Staff 4 (RN Patient Care Coordinator) and Staff 2 (DNS), Staff 2 stated stated the pharmacy reported the TSH was usually checked annually.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385064	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Care of Rogue Valley	1710 NE Fairview Avenue Grants Pass, OR 97526

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 41455 Based on observation, interview and record review it was determined the facility failed to ensure concerns regarding proper food temperatures were addressed for Resident Council and 2 of 5 sampled residents (#s 9 and 25) reviewed for food. This placed residents at risk for food that was not palatable. Findings include: A 9/9/24 computer dashboard communication revealed CNAs were provided a reminder to not reheat anything for a resident in a microwave oven because resident safety and staff licenses were at risk. Staff were given the following direction: Coffee-offer to get them a new cup. Food-ask the kitchen to reheat the food. 1. On 11/20/24 at 11:00 AM nine residents attended a Resident Council meeting. A majority of the residents in attendance agreed staff were not allowed to warm or address cold food concerns when a resident stated she/he was concerned about cold food. On 11/20/24 at 8:04 AM Staff 11 (Dietary Manager) stated the kitchen had one additional meal available if a resident requested warmer food during a meal service. Staff 11 stated food handled by a resident could not be reheated in the kitchen due to cross-contamination. Staff 1 (Administrator) stated she was not aware of reports related to residents' cold food and acknowledged staff education was necessary to address residents' cold food concerns. 2. Resident 9 admitted to the facility in 2020 with diagnoses including chronic pain and dementia. A 9/19/24 Annual MDS indicated Resident 9 had mild cognitive impairment. On 11/20/24 at 12:06 PM Resident 9 was observed in her/his room eating lunch with frozen strawberries on her/his plate. Resident 9 stated she/he was waiting for the strawberries to thaw before she ate them and indicated staff did not know how to address issues with cold food. Resident 9 stated she/he was mobile and routinely went to the kitchen to directly address concerns regarding cold food. On 11/20/24 at 8:04 AM Staff 11 (Dietary Manager) stated the kitchen had one additional meal available if a resident requested warmer food during a meal service. Staff 11 stated food handled by a resident could not be reheated in the kitchen due to cross-contamination. Staff 1 (Administrator) acknowledged staff education was necessary to address residents' cold food concerns. 3. Resident 25 admitted to the facility in 6/2023 with diagnoses including stroke and malnutrition. The 8/9/23 Orders Details for Resident 25's diet indicated she/he received regular nutritionally enhanced meals. A 5/31/24 revised care plan indicated Resident 25 had poor intake and to encourage and offer alternatives with respect to her/his preferences. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385064	A. Building B. Wing	11/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Care of Rogue Valley	1710 NE Fairview Avenue Grants Pass, OR 97526

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 11/18/24 at 12:10 PM Resident 25 stated she/he ate meals slowly and staff did not reheat her/his meals or beverages to accommodate her/his needs. Resident 25 stated she/he would eat more if her/his food was warmed including fruit. On 11/19/24 at 12:48 PM Staff 17 (CNA) stated staff were not allowed to reheat residents' food once a meal was touched by a resident. Staff 17 stated Resident 25 complained about cold food about 25 percent of the time, but nothing could be done to address Resident 25's concerns. On 11/19/24 at 3:39 PM Staff 18 (CNA) stated staff were not allowed to reheat residents' food, but the kitchen was to provide new servings of the meal if a resident requested warmer food. On 11/20/24 at 8:04 AM Staff 11 (Dietary Manager) stated the kitchen had one additional meal available if a resident requested warmer food during a meal service. Staff 11 stated food touched by a resident could not be reheated in the kitchen due to cross-contamination. Staff 1 (Administrator) acknowledged staff education was necessary to address residents' cold food concerns.