STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385142	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Florence	1951 E. 21st Street Florence, OR 97439

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. Based on interview and record review it was determined the facility failed to develop a comprehensive person-centered care plan for 2 of 7 sampled residents (#s 6 and 7) reviewed for unnecessary medications and skin conditions. This placed residents at risk for unmet needs. Findings include: 1. Resident 6 admitted to the facility in 2/2026 with diagnoses including surgical wound infection and adjustment disorder with depressed mood. Resident 6's 2/27/26 admission MDS revealed Resident 6 had a history of depression, took medication for anxiety, and had a wound VAC (a non-surgical treatment that applies controlled suction to a wound to accelerate healing). A review of Resident 6's physician orders revealed orders for care for a wound VAC, hydroxyzine (an antianxiety medication), and duloxetine (an antidepressant). Resident 6's comprehensive care plan revealed no interventions related to her/his wound VAC. Resident 6's comprehensive care plan also did not have target behaviors or interventions for mood or anxiety related to her/his use of hydroxyzine and duloxetine. On 4/22/26 at 2:31 PM Staff 5 (SSD) stated Resident 6 was often tearful and recently started taking duloxetine. Resident 6 took hydroxyzine for anxiety, and Staff 5 knew to let other staff know if there were any changes in the resident's symptoms. Staff 5 reviewed Resident 6's care plan and stated there were no target behaviors or interventions related to the use of duloxetine or hydroxyzine. On 4/23/26 at 10:40 AM Staff 3 (LPN Resident Care Manager) reviewed Resident 6 and her/his care plan. Staff 3 stated there were no specific interventions related to Resident 6's wound VAC. On 4/23/26 at 11:16 AM Staff 2 (DNS) stated she expected the care plan to included information related to the wound VAC and target behaviors and interventions for the hydroxyzine and duloxetine. 2. Resident 7 was admitted to the facility in 7/2025 with diagnoses including a pressure wound and malnutrition. Resident 7's 7/26/25 admission MDS revealed Resident 7 had a wound VAC (a vacuum assisted closure of a wound to promote wound healing). A review of Resident 7's physician orders revealed orders for care for a wound VAC. The 1/26/26 revised care plan revealed no interventions related to her/his wound VAC. (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
	385142	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Florence	1951 E. 21st Street Florence, OR 97439

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(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	On 4/24/26 at 10:11 AM Staff 1 (Administrator), Staff 2 (DNS), and Staff 10 (Regional Nurse Consultant) acknowledged there was no information in the care plan related to Resident 7's wound VAC.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385142	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2026
NAME OF PROVIDER OR SUPPLIER Regency Florence		STREET ADDRESS, CITY, STATE, ZIP CODE 1951 E. 21st Street Florence, OR 97439	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on observation, interview, and record review it was determined the facility failed to follow physician orders for 1 of 2 sampled residents (#38) reviewed for skin conditions. This placed residents at risk for re-opening of closed wounds. Findings include: Resident 38 was admitted to the facility in 12/2025 with diagnoses including multiple sclerosis and a history of cellulitis of the right lower leg.A 12/22/25 Initial Non-Pressure Skin Condition Evaluation indicated the presence of a four centimeter by four centimeter right lower leg venous ulcer on admission with a small amount of serosanguineous exudate (blood-tinged fluid drainage).A 1/5/26 Weekly Non-Pressure Skin Condition Evaluation indicated the right lower leg ulcer had resolved. Treatment continued for the right lower leg skin.On 4/21/26 at 2:04 PM, Resident 38 stated she/he was concerned about the condition of her/his right lower leg. The 4/22/26 physician order for treatment of Resident 38's right lower leg stated right lower extremity dressing changes-Primary Treatment: Cleanse with wound cleanser. Apply Xeroform, ABD pad, wrap with kerlix and secure. In the evening every Mon, Wed, Fri.An observation of treatment of Resident 38's right lower leg occurred on 4/22/26 at 3:11 PM, with Staff 6 (RN) and Staff 7 (LPN) completing the treatment. The existing dressing had already been removed when the observation began. No open areas were observed on the right lower leg. The skin was flaking and yellowed in color. Staff 6 performed the treatment and verbalized the process to the resident and surveyor. After cleansing the resident's right lower leg, Staff 6 indicated she was doing light debridement by running gloved hands up and down the right lower leg. Staff 7 then applied Xeroform to the lower leg, followed by covering the area with ABD pads and Kerlix wrap.On 4/24/26 at 8:33 AM, Staff 2 (DNS) was asked if it was appropriate for a nurse to lightly rub Resident 38's right lower leg to remove skin during treatment and refer to this as ?debridement'. Staff 2 indicated this was not part of the physician ordered plan of care for this resident. Staff 2 further indicated staff should never rub the fragile skin around a healed or healing wound because it is unknown what is under the skin, and doing so would increase the risk of re-opening a closed wound.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review it was determined the facility failed to ensure staff followed infection control procedures for wound care for 1 of 3 sampled residents (#7) reviewed for pressure wounds and 1 of 1 facility reviewed for medication administration. This placed residents at risk for cross contamination and worsening wounds. Findings include: Based on a medication administration observation on 4/22/26 at 8:05 AM, Staff 11(RN) prepared medications for a resident in room [ROOM NUMBER]. Staff 11 entered the room without performing hand hygiene. Staff 11 grasped the resident's water cup and handed it to her/him. Staff 11 provided eye drops and nasal spray to her/him. Staff 11 moved multiple cups on the overbed table and handled the medication cup, eye drops, and nasal spray. Staff 11 failed to sanitize the bottles after usage. Staff 11 returned to the medication cart and logged onto the computer without performing hand hygiene. Staff 11 stated she should perform hand hygiene before entering and exiting a resident's room.During a medication administration observation on 4/22/26 at 4:11 PM, Staff 12 (CMA) prepared medication for the resident in room [ROOM NUMBER]. Staff 12 utilized a pill cutter to cut one of the medications. Staff 12 placed the pill cutter back into the medication cart drawer without sanitizing the equipment. When asked when the pill cutter required sanitization, Staff 12 stated, after every use. Staff 12 failed to sanitize the pill cutter. Staff 12 entered and exited room [ROOM NUMBER] without performing hand hygiene. Staff 12 accessed the computer and medication cart without hand hygiene.On 4/24/26 at 10:52 AM, Staff 1 (Administrator), Staff 2 (DNS), and Staff 10 (Regional Nurse Consultant) stated staff should sanitize their hands before entering and after exiting a resident's room. Staff 2 stated staff should sanitize all equipment after each use, including the pill cutter. Staff 2 stated staff are to clean resident inhalers, eye/ear drops, and nebulizers after each use.