STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385220	A. Building B. Wing	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Albany	805 19th Avenue SE Albany, OR 97321

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review the facility failed to ensure dietary staff wore appropriate hair restraints, stored iced in a sanitary manner and maintained cleanliness for 1 of 1 facility kitchen reviewed for sanitation. This placed residents at risk for cross contamination and food-borne illness. Findings include:1. The facility's 2023 General Sanitation of Kitchen policy stated, Food and nutrition services staff will maintain the sanitation of the kitchen.On 3/23/26 at 10:22 AM during the initial kitchen tour the following was observed:-The grate, drain and plastic outlet tube for the ice machine was covered in a layer of brown debris located at the entrance of the prep kitchen.-Visible red residue covered the lower section of the wall behind the shelf located in the walk-in freezer.-Frozen vegetables were on the floor located in the walk-in freezer.-An open and unsealed package of frozen hamburger patties was located in the walk-in freezer. On 3/23/26 at 10:43 AM Staff 27 (Dietary Manager) stated dietary staff were expected to complete the following cleaning tasks for the kitchen:-Clean the grate, drain and plastic outlet tube for the ice machine on a weekly basis.-Sweep between meals.-Clean food storage areas, which included the walk-in freezer, every evening.-Check the walk-in freezer for open and unsealed foods. On 3/23/26 at 11:11 AM Staff 27 acknowledged the observations made during the kitchen tour. Staff 27 stated the daily and weekly cleaning tasks for the kitchen were not completed as required. Staff 27 stated the open and unsealed package of frozen hamburger patties found in the walk-in freezer were used for the 3/23/26 lunch service but dietary staff were expected to close and seal foods from the walk-in freezer immediately after use. 2. The facility's 2023 Personal Hygiene and Health Reporting policy stated, Hair restraints must be worn around exposed foods, in the kitchen or food service areas.On 3/23/26 at 10:34 AM during the initial kitchen tour Staff 27 (Dietary Manager) entered the prep kitchen and was observed with hair that was approximately one inch long without a hair restraint.On 3/23/26 at 10:35 AM Staff 27 was observed checking the internal temperature of mashed potatoes without a hair restraint. On 3/23/26 at 10:35 AM Staff 27 stated dietary staff were expected to wear hair restraints at all times while working in the kitchen. Staff 27 stated he should have worn a hair restraint before he entered the prep kitchen. 3. The facility's 2023 Production, Storage and Dispensing of Ice policy stated, Ice will be produced, stored and dispensed in a manner to avoid contamination. On 3/23/26 at 10:22 AM during the initial kitchen tour the facility's ice machine was observed in the entrance hallway of the kitchen drained through a white plastic outlet tube into the wall behind the machine.On 3/23/26 at 10:43 AM the plastic outlet tube for the facility's ice machine was observed coiled and in direct contact with the drain located inside the prep kitchen without an air gap. On 3/23/26 at 10:43 AM Staff 27 (Dietary Manager) acknowledged the lack of a required air gap.On 3/25/26 at 11:05 AM the plastic outlet tube for the facility's ice machine was no longer coiled but was observed below the level of the grate for the drain.On 3/26/26 at 8:45 AM Staff 1 (Administrator) and Staff 28 (Regional [NAME] President) confirmed there was no air gap for the ice machine to prevent the risk of contamination from the backflow of water.

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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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review it was determined the facility failed to follow physician orders for 2 of 4 sampled residents (#s 4 and 7) reviewed for medications and hearing. This placed residents at risk for unmet care needs. Findings include: 1. Resident 4 was admitted to the facility in 12/2025 with diagnoses including diabetes and end stage renal failure. The 3/3/26 MDS indicated Resident 4 had a BIMS score of 12 which indicated Resident 4 was moderately cognitively impaired. a. On 3/25/26 at 8:07 AM, during blood sugar checks, Resident 4 was observed to request a PRN anti-nausea medication from Staff 14 (Agency LPN). Staff 14 checked Resident 4's blood sugar and left her/his room. Staff 14 obtained Resident 4's insulin and administered the insulin, but did not administer PRN anti-nausea medication. The 3/25/26 MAR indicated Staff 14 administered PRN ondansetron (anti-nausea medication) to Resident 4 for nausea symptoms at 10:50 AM (2 hours and 43 minutes after the resident requested the medication). On 3/25/26 at 1:09 PM, Staff 12 (CNA) stated Resident 4 reported nausea at 6:30 AM and requested PRN anti-nausea medication. Staff 12 stated she offered Resident 4 nausea bags and nursing staff were notified of the request. On 3/25/26 at 1:54 PM, Staff 14 acknowledged she did not assess or provide medication for Resident 4's nausea at the time the resident requested PRN anti-nausea medication. Staff 14 stated she assessed the resident's nausea symptoms and administered the medication later in the day. Staff 14 acknowledged the PRN nausea medication was not administered timely. On 3/27/26 at 3:10 PM, Staff 2 (DNS) acknowledged PRN anti-nausea was not administered timely to Resident 4. b. On 3/24/26 at 8:58 AM Resident 4 stated on 2/27/26 she/he did not receive her/his scheduled morning medications prior to leaving the facility for a scheduled dialysis appointment. A review of the 2/2026 Licensed Nurse Admin Record and MAR revealed Resident 4 did not receive the following medications on 2/27/26 and was charted as absent from home: -insulin glargine pen-injector 80 units in the morning at 8 AM for diabetes -insulin aspart flexpen pen-injector 14 units with meals at 8 AM for diabetes -amlodipine 10 MG, one time a day at 8 AM for hypertension -b complex with c, one tablet one time a day in the morning for nutritional supplement -bupropion extended release 150 MG, two tablets one time a day at 8 AM for depression (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-losartan 25 MG, one tablet one time a day at 8 AM for hypertension -multivitamin, one tablet one time a day in the morning for supplement -sertraline 100 MG, one tablet one time a day at 8 AM for depression -vitamin D3 50 MCG, one tablet one time a day in the morning for supplement -Bumex 2 MG, two tablets two times a day at 8 AM for end stage renal disease -carvedilol 12.5 MG, one tablet two times a day at 8 AM for hypertension -clonidine 0.3 MG, one tablet three times a day at 8 AM for hypertension -sevelamer carbonate 800 MG, three tablets with meals at 8 AM for end stage renal disease A review of the 2/27/26 Progress Notes revealed multiple Medication Administration Notes for the identified medications by Staff 7 (LPN) which indicated Resident 4 was at dialysis and staff were unable to administer the medication. A 2/27/26 at 4:10 PM Progress Note by Staff 7 revealed Resident 4's provider was notified of the missed medication administrations. On 3/27/26 at 11:24 AM Staff 6 (Agency LPN) stated he worked on 2/27/26 but did not recall why Resident 4 did not receive her/his scheduled morning medications. On 3/27/26 at 12:19 PM a call was placed to Staff 7, a voicemail was left and the surveyor did not receive a call back. On 3/27/26 at 3:28 PM Staff 5 (LPN Resident Care Manager) stated she was unsure why Resident 4 did not receive any morning medications on 2/27/26. On 3/27/26 at 4:46 PM Staff 2 (DNS) stated she was not aware Resident 4 missed her/his scheduled AM medications including insulin on 2/27/26 prior to leaving for dialysis. 2. Resident 7 was admitted to the facility on [DATE] with a diagnosis of unspecified hearing loss. A 3/11/26 Quarterly MDS revealed Resident 7 had a BIMS of 14, which indicated the resident was cognitively intact. A provider progress note dated 3/13/26 indicated Resident 7 had impacted ear wax in her/his left ear and the resident requested treatment. The progress note revealed Resident 7 was ordered Debrox (ear drop medication) for both ears. A review of Resident 7's MAR and TAR for 3/2026 revealed no indication of the Debrox order. On 3/24/26 at 9:27 AM Resident 7 stated her/his ears were not cleaned as requested. Resident 7 stated she/he asked assigned CNAs to follow-up with the nurse but did not receive update on when she/he would receive an ear cleaning. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 3/27/26 at 2:51 PM Staff 20 (LPN) stated he was unaware of any hearing or ear concerns for Resident 7. Staff 20 stated he was unaware of a physician order for Debrox and confirmed the Debrox was not administered. On 3/27/26 at 2:14 PM Staff 3 (LPN-RCM/IP) stated providers were able to order new medications and treatments within progress notes. Staff 3 stated he became aware of Resident 7's order for Debrox on 3/26/26. On 3/27/26 at 3:39 PM Staff 2 (DNS) and Staff 26 (Nurse Consultant) stated staff were expected to clarify and implement new physician orders for residents within 3 to 5 days of the date they were issued and staff should have been aware of Resident 7's order for Debrox prior to 3/26/26.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 used appropriate infection control practices for residents on contact precautions and failed to disinfect glucometers according to manufacturer recommendations for 2 of 3 halls reviewed for infection control and medications. This placed residents at risk for exposure to infections and blood borne pathogens. Findings include: 1. The facility's 10/2017 Use of Blood Glucose Meters Policy indicated Disinfect the meter with an approved disinfecting wipe for blood borne pathogens. Wipe all external areas of the meter including front and back surfaces until wet with solution. A 2023 EvenCare G2 Blood Glucose Monitor manufacturer manual indicated to disinfect the glucometer with an approved disinfecting wipe. Resident 21 was admitted to the facility on [DATE] with diagnoses including diabetes. On 3/26/26 at 11:31 AM, Staff 25 (LPN) entered Resident 21's room to obtain a blood sugar reading using an EvenCare G2 Blood Glucose Monitor (glucometer). When she returned to the medication cart, Staff 25 used an alcohol pad wipe to disinfect the glucometer and placed the glucometer inside the medication cart. On 3/26/26 at 11:35 AM, Staff 25 stated the glucometers were shared. Staff 25 stated she used an alcohol pad to disinfect the glucometer after checking Resident 21's blood sugar. Staff 25 stated an alcohol pad was not an approved disinfectant wipe. On 3/27/26 at 4:23 PM, Staff 3 (LPN Care Manager/IP) stated Staff 26 (Nurse consultant) allowed staff to use an alcohol pad wipe to disinfect the glucometer. On 3/27/26 at 12:10 PM, Staff 2 (DNS) stated staff were expected to use an approved disinfectant wipe to disinfect the glucometers. On 3/27/26 at 4:28 PM, Staff 26 stated the CDC (Center of Disease Control and Prevention) indicated an alcohol pad wipe disinfected the glucometers. Staff 26 proceeded to check the manufacturer guidelines and acknowledged an alcohol pad wipe was not an approved disinfectant wipe. 2. The CDC's 9/24/24 Guideline for Isolation Precautions indicated staff who provided care to residents with a confirmed and symptomatic Respiratory Syncytial Virus (RSV - a common, highly contagious respiratory virus) infection were to wear a gown, gloves and surgical mask if within three feet of the resident. Resident 36 was admitted to the facility on [DATE] with a diagnosis of congestive heart failure. A review of Resident 36's Care Plan revised 3/23/26 indicated she/he was RSV positive and placed on contact precautions. Staff were expected to follow contact and droplet precautions as directed. On 3/25/26 at 8:50 AM Resident 36's room was observed to have contact precautions signage on the door. On 3/25/26 between 8:52 and 8:54 AM Staff 29 (Dietary Aide) was observed as follows: -Entered (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident 36's room with a clipboard without a gown, gloves or surgical mask.-Picked up the resident's tray with partially eaten food, left the room, placed the tray on a cart at the end of the hallway.-Returned to the resident's room without completing hand hygiene.-Re-entered the resident's room without a gown, gloves or surgical mask.-Handed the resident's roommate her clipboard without cleaning the clipboard. On 3/25/26 at 8:56 AM Staff 29 stated she entered Resident 36's room to receive lunch orders. Staff 29 stated she did not need to wear a gown, gloves or surgical mask when she entered the room because she did not provide any direct care to the resident. Staff 29 stated she did not clean the clipboard each time it was held by a resident. Staff 29 confirmed she did not complete hand hygiene after she removed the resident's tray and re-entered her/his room. On 3/25/26 at 1:11 PM Staff 27 (Dietary Manager) stated he did not provide any training to dietary staff on transmission-based precautions. Staff 27 stated he was unaware of any dietary staff who did not follow transmission-based precautions in the facility. On 3/27/26 at 1:57 PM Staff 3 (LPN Care Manager/IP) confirmed all staff needed to wear a gown and gloves before they entered the room of a resident placed on contact precautions. Staff 3 stated all staff needed to wear a surgical mask if they were within a three-foot radius of a resident who was positive for RSV. Staff 3 confirmed all staff needed to complete hand hygiene before they entered or after they exited a resident's room. Staff 3 stated dietary staff were expected to obtain verbal meal orders from residents placed on contact precautions. 3. On 3/25/26 at 5:31 PM a contact precautions sign was observed on the door of room [ROOM NUMBER]. The contact precautions sign directed staff to wear a gown and gloves in the room. Staff 3 (Activities Director) entered room [ROOM NUMBER] with a meal tray and delivered the meal to the resident without donning a gown and gloves. Staff 3 stated she sanitized her hands before entering the room but was unsure if she needed to wear a gown and gloves. On 3/26/26 at 4:43 PM Staff 3 (LPN Care Manager/Infection Preventionist) stated all facility staff were to wear a gown and gloves when they entered rooms of residents on contact precautions.

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on interview and record review it was determined the facility failed to ensure resident rights to a dignified existence for 1 of 1 sampled resident (#44) reviewed for dignity and respect. This placed residents at risk for diminished quality of life. Findings include: A review of the undated facility Quality of Care Policy stated staff will respect each resident's dignity.Resident 44 admitted to the facility in 2023 with diagnoses including depression and diabetes.A review of the 10/29/25 Annual MDS revealed Resident 44 had a BIMS of 15 indicating she/he was cognitively intact.On 3/23/26 at 10:46 AM Resident 44 stated she/he only wanted female house staff to assist with care. Resident 44 stated Staff 11 (Former DNS) told the resident she/he had to let new CNA staff and male CNA staff care for her/him and this conversation was witnessed by Staff 4 (Activity Director). Resident 44 stated she/he felt her/his feelings were disregarded.On 3/26/26 at 5:08 PM Staff 4 stated Resident 44 requested her to be present during a conversation with Staff 11 in July 2025 about the resident's care preferences. Staff 4 stated Staff 11 spoke to Resident 44 in a rude, condescending and demeaning tone stating to the resident, you will have to let men take care of you. Staff 4 stated Resident 44 was very upset.On 3/26/26 at 7:02 PM Staff 11 stated she had a conversation with Resident 44 about her/his care with Staff 4 as a witness. Staff 11 did not recall speaking to Resident 44 in a rude, condescending or demeaning tone.On 3/27/26 at 5:23 PM Staff 1 stated she expected all staff to speak to residents with dignity, respect and kindness. Staff 1 acknowledged the findings.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview the facility failed to provide a functional toilet and safe furniture for 3 of 5 sampled residents (#s 31, 38 and 40) reviewed for physical environment. This placed residents at risk for injury and lack of homelike environment. Findings include: 1. Resident 38 was admitted to the facility in 12/2022 with diagnoses including seizures. A 1/9/26 Quarterly MDS indicated Resident 38 had a BIMS score of 15 which indicated Resident 38 was cognitively intact. Resident 40 was admitted to the facility on [DATE] with diagnoses including heart failure.A 3/19/26 Quarterly MDS indicated Resident 40 had a BIMS score of 15 which indicated Resident 40 was cognitively intact. On 3/24/26 at 9:00 AM, Resident 38 and Resident 40 stated the toilet flushed continuously when the toilet was flushed and had been broken for a long time. Resident 38 and 40 stated the toilet was loud and flushed for up to 40 minutes. Resident 38 stated staff called a plumber but the toilet was still broken. On 3/27/26 at 9:19 AM, Staff 12 (CNA) stated the toilet in Resident 38 and Resident 40's flushed continuously after the toilet was flushed. Staff 12 stated Staff 2 (DNS) was notified.On 3/27/26 at 10:08 AM, Staff 23 (CNA) stated the toilet ran continuously when the toilet was flushed. Staff 23 stated she did not notify maintenance or enter a work order because she thought staff were aware. On 3/27/26 at 10:34 AM, Staff 24 (Maintenance Director) indicated he inspected the toilet, and found a damaged part. Staff 24 indicated he had the part on hand and would repair the toilet. 2. Resident 31 was admitted to the facility in 9/2020 with diagnoses including seizures and hemiplegia (paralysis on one side of the body). A 1/14/26 Quarterly MDS indicated Resident 31 had a BIMS score of 14 which indicated Resident 31 was cognitively intact. On 3/27/26 at 9:19 AM, Staff 12 (CNA) stated Resident 31's dresser was hard to open and Resident 31 was not able to open the drawers. On 3/27/26 at 10:08 AM Resident 31 was observed opening her/his dresser and almost fell while trying to open the dresser. Staff 23 (CNA) stated Resident 31 had right sided weakness and pulling the dresser to open the drawer was not safe and was a fall risk for the resident. On 3/27/26 at 10:22 AM, Staff 24 (Maintenance Director) stated Resident 31's dresser drawers were old and were not easily accessible. Staff 24 acknowledged the dresser in Resident 31's room was not safe for the resident to use.

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on interview and record review it was determined the facility failed to implement a gradual dose reduction of a psychotropic medication in a timely manner for 1 of 6 sampled residents (#42) reviewed for medications. This placed residents at risk for adverse side effects of psychotropic medication. Findings include: Resident 42 was admitted to the facility in 2023 with diagnoses including bipolar disorder and post-traumatic stress disorder.A review of the 3/12/26 pharmacy recommendation indicated Resident 42 was receiving buspirone 10 MG (a psychotropic) twice daily and was due for a gradual dose reduction (GDR) as the resident was not experiencing anxiety. The recommendation was to start buspirone 5 MG twice daily. A further review of the 3/12/26 pharmacy recommendation revealed on 3/13/26 Resident 42's provider agreed to GDR buspirone. A 3/24/26 physician order revealed Resident 42 was to start buspirone 5 MG twice daily. On 3/27/26 at 4:17 PM Staff 5 (LPN Resident Care Manager) acknowledged Resident 42's GDR for buspirone 5 MG twice daily was not implemented timely.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation, interview and record review it was determined the facility failed to provide personal hygiene for 1 of 2 sampled residents (#9) reviewed for ADLs. This placed residents at risk for lack of personal hygiene. Findings include:Resident 9 was admitted to the facility in 11/2025 with diagnoses including stroke affecting the right side of the body. A 2/11/26 Significant Change MDS indicated Resident 9 had a BIMS score of 9 indicating she/he had moderate cognitive impairment. The MDS indicated Resident 9 depended on staff to complete personal hygiene. The 3/24/26 TAR indicated Staff 18 (LPN) did not perform nail care for Resident 9 because it was not needed. During random observations from 3/23/26 through 3/27/26 from 8:00 AM to 5:00 PM, Resident 8 was observed to have a brown substance in her/his right pointer and ring fingernails. Resident 9's fingernails were not trimmed and were 1/2 to 1/3 inches long. Resident 9 had facial hair on her/his chin and upper lip. On 3/23/26 at 2:15 PM, Resident 9 was observed touching the hair on her/his chin. Resident 9 acknowledged her/his long fingernails. Resident 9 stated she/he allowed staff to provide personal hygiene. On 3/25/26 at 2:35 PM, Staff 15 (CNA) stated Resident 9 required maximum assistance when care was provided. Staff 15 stated Resident 9 on occasion touched her/his soiled brief during continent care. Staff 15 stated she was assigned to Resident 9 that day but did not complete personal hygiene including removing Resident 9's facial hair or cleaning under her/his fingernails. On 3/25/26 at 2:53 PM, Staff 16 (CNA) stated she did not complete personal hygiene including removing Resident 9's facial hair or clean under her/his fingernails after Resident 9's shower the previous day.On 3/25/26 at 4:19 PM, Staff 18 stated Resident 9 required assistance to complete personal hygiene. Staff 18 stated Resident 9's nails looked ok and did not require nail trimming. Staff 18 stated she did not notice Resident 9's hair on her/his chin or upper lip. On 3/26/26 at 2:36 PM, Staff 20 (LPN) stated Resident 9 was diabetic and nail trimming was completed by the nurses. Staff 20 stated CNAs were able to clean under Resident 9's fingernails daily. Staff 9 acknowledged Resident 9 had long fingernails that needed to be trimmed, and a brown substance under her/his fingernails. Staff 20 acknowledged the hair on the resident's upper lip. On 3/27/26 at 12:30 PM, Staff 3 (LPN Care Manager/IP) stated staff were expected to complete personal hygiene daily. Staff 3 stated staff completed nail care and removed facial hair on shower days.

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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. Based on observation, interview and record review it was determined the facility failed to provide equipment and services for 2 of 2 sampled residents (#s 9 and 20) reviewed for mobility. This placed residents at risk for further decrease in range of motion. Findings include: 1. Resident 9 was admitted to the facility in 11/2025 with diagnoses including stroke affecting the right side of the body. A 2/11/26 Significant Change MDS indicated Resident 9 had a BIMS score of 9 which indicated the resident had moderate cognitive impairment. The MDS indicated Resident 9 depended on staff to complete care. A 1/7/26 OT Discharge Summary indicated the following: -Patient will be fitted for elbow orthotic, and tolerate passive stretch, and tone inhibiting techniques to maintain ROM, prevent skin breakdown A 2/17/26 PT Discharge Summary indicated the following: -Continue participation with home exercises and facility directed exercise programs while seated in wheelchair. During random observations from 3/23/26 through 3/27/26 from 8:00 AM to 5:00 PM, Resident 9's right arm had a contracture (joint stiffness). Resident 9's arm was bent towards her/his chest and the right hand was in a fist. Resident 9 was not wearing a splint. The splint was observed on top of Resident 9's dresser. Resident 9 had a home exercise program written on the white board in her/his room. On 3/24/26 at 9:36 AM, Resident 9 was observed multiple times unable to extend her/his right hand. Resident 9 stated she did not complete the home exercises written on the white board in her/his room. Staff 9 stated she did not wear a splint. On 3/25/26 at 9:42 AM, Resident 9 was observed sitting in her/his wheelchair in the dining room for group exercises lead by Staff 22 (Activities Assistance). Resident 9 was observed sleeping the whole time and she/he was not wearing a splint. On 3/25/26 at 2:35 PM, Staff 15 (CNA) stated she was unsure if Resident 9 used a splint and only used a pillow to support her/his right arm. Staff 15 stated she did not perform the home exercises written on the white board in Resident 9's room. On 3/25/26 at 2:53 PM, Staff 16 (CNA) stated she did not perform home exercises written on the white board or ROM exercises with Resident 9. Staff 16 stated she was unsure if Resident 9 was getting restorative services. Staff 16 stated she used a pillow to support Resident 9's right arm. Staff 16 stated Resident 9 used a splint but she did not apply it on her shift. On 3/25/26 at 4:19 PM, Staff 18 (LPN) stated Resident 9 had restorative services to increase her/his mobility and regain strength. Staff 18 stated she was unsure if Resident 9 participated in restorative services. Staff 18 stated Resident 9 did not use a splint or have any interventions related to Resident 9's right hand contracture. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385220	A. Building B. Wing	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Albany	805 19th Avenue SE Albany, OR 97321

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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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/25/26 at 4:56 PM, Staff 19 (Director of Rehab) stated Resident 9's OT Discharge Summary indicated Resident 9 participated in home exercises, group exercises and used a soft splint to prevent further contracture to the right hand. Staff 19 stated Resident 9 did not have a referral to start restorative services and was not enrolled in a restorative program. Staff 19 acknowledged orders did not include a schedule to use the splint. On 3/26/26 at 2:36 PM, Staff 20 (LPN) stated he was not aware Resident 9 used a splint to prevent contractures to her/his right arm. Staff 20 stated Resident 9 did not have orders to start restorative services. Staff 20 stated an OT evaluation order was placed on 3/26/26. On 3/27/26 at 12:30 PM, Staff 3 (LPN Care Manager/IP) stated Resident 9 did not wear a soft splint for contractures and did not have orders to start restorative services. On 3/27/26 at 3:10 PM, Staff 2 (DNS) acknowledged the findings and did not have additional information. 2. Resident 20 was admitted to the facility in 2/2020 with diagnoses including Parkinson's disease. A 2/11/26 Annual MDS revealed Resident 20 had a BIMS of 2, which indicated the resident had severe cognitive impairment, and impairment on both upper extremities. A 3/5/26 OT Discharge Summary indicated Resident 20 required assistance to don and doff a palm protector that was to be worn daily on her/his left hand to decrease the resident's risk of further contractures. Resident 20's Care Plan revised on 3/23/26 revealed she had a palm protector for her/his left hand that was to be applied for up to four hours daily. A review of Resident 20's medical record revealed no evidence to indicate staff offered or assisted the resident to apply her/his left palm protector. On 3/23/26 at 1:44 PM Resident 20 was observed to have a contracture and resting tremor in her/his left hand. Random observations of Resident 20 from 3/23/26 through 3/25/26 between 8:41 AM and 3:46 PM revealed the resident was in her/his room with a sign posted on the wall behind the bed that stated, Please apply L. hand splint. 4 hrs. daily. Need 5-minutes of stretching to open palm. Please stop if she/he reports pain. No palm protector was observed on the resident's left hand. On 3/26/26 at 12:58 PM Staff 30 (CNA) stated she was unaware if Resident 20 had a palm protector for her/his left hand. On 3/26/26 at 2:00 PM Staff 17 (CNA) stated she was aware of Resident 20's palm protector for her/his left hand. Staff 17 stated she attempted to assist the resident to don the palm protector once in 3/2026 but was unsuccessful due to the stiffness in her/his left hand. Staff 17 stated she was unsure how long the resident was required to wear the palm protector. On 3/27/26 at 9:56 AM Staff 31 (OT) stated when a new recommendation was made for a resident to wear a daily palm protector nursing staff received a donning and doffing training and a wear schedule. (continued on next page)

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	385220	A. Building B. Wing	03/27/2026

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Staff 31 stated she expected nursing staff to offer and assist Resident 20 to don and doff her/his left palm protector and follow the provided wear schedule daily. On 3/27/26 at 11:15 AM Staff 19 (Director of Rehab) stated therapy staff provided a wear schedule to nursing for Resident 20's left palm protector on 3/5/26. Staff 19 confirmed the sign observed in Resident 20's room was the wear schedule provided to nursing staff. On 3/27/26 at 2:27 PM Staff 3 (LPN Resident Care Manager/IP) stated when a new recommendation was made by OT for a resident to wear a palm protector daily, he was to review and acknowledge the new recommendation. Staff 3 confirmed a training was provided if nursing staff were expected to implement the OT recommendation daily. Staff 3 stated Resident 20 did not have a palm protector for her left hand and nursing staff did not receive a training specific to the resident's palm protector in 3/2026. On 3/27/26 at 4:00 PM Staff 2 (DNS) and 26 (Nurse Consultant) stated nursing staff needed to be aware of and trained on the use of Resident 20's palm protector, and to follow the daily wear schedule.