

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385230	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/16/2024
NAME OF PROVIDER OR SUPPLIER  Regency Redmond Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3025 SW Reservoir Drive Redmond, OR 97756	

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)
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>41455</p> <p>Based on interview and record review it was determined the facility failed to ensure call lights were in reach for 1 of 3 sampled residents (#287) reviewed for environment. This placed residents at risk for unaddressed individual needs. Findings include:</p> <p>Resident 287 was admitted to the facility in 8/2024 with diagnoses including palliative care and diabetes.</p> <p>A 8/5/24 care plan indicated staff were to respond immediately to Resident 287's need for pain relief.</p> <p>On 8/13/24 at 1:45 PM Resident 287 was observed in bed and her/his call light was not within reach.</p> <p>On 8/13/24 at 2:11 PM Staff 35 (CNA) stated she neglected to ensure Resident 287's call light was within reach after she provided her/his care around noon.</p> <p>On 8/14/24 11:37 AM Staff 4 (RNCM) stated Resident 287 was able to use her/his call light and expected the resident's call light would be within reach when she/he was alone in her/his room. Staff 4 stated staff would be re-educated to ensure Resident 287's call light was within reach.</p> <p>On 8/15/24 at 2:09 PM Resident 287 was observed in bed and her/his call light was not within reach.</p> <p>On 8/15/24 at 2:10 PM Staff 4 was notified Resident 287 did not have her/his call light within reach and confirmed her/his call light should be within her/his reach.</p>

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:  385230	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/16/2024
NAME OF PROVIDER OR SUPPLIER  Regency Redmond Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3025 SW Reservoir Drive Redmond, OR 97756	
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)		
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>26991</p> <p>Based on interview and record review it was determined the facility failed to address a grievance for 1 of 4 sampled residents (#20) reviewed for ADLs. This placed residents at risk for unresolved grievances. Findings include:</p> <p>Resident 20 admitted to the facility in 6/2021 with a diagnosis of a stroke.</p> <p>A 11/20/23 Interdisciplinary Conference form revealed Resident 20 reported she/he requested assistance from a CNA and the CNA refused to assist. The form indicated the resident care manager was to follow up with the concern.</p> <p>On 8/15/24 at 8:35 AM Staff 9 (Social Services Director) stated if a resident voiced a concern at a care conference staff were to follow-up with the concern. Staff 9 stated Staff 28 (Staffing) was to review the schedule and determine the CNA who worked with the resident. Staff 9 stated she maintained all the grievances and she did not have a grievance for Resident 20's 11/20/23 concern.</p> <p>On 8/15/24 at 9:47 AM Staff 28 stated if a resident voiced a concern a grievance was to be initiated. Depending on the situation, she or nursing staff would address the resident concern and follow-up with the resident. Staff 28 stated she did not recall Resident 20's grievance.</p> <p>On 8/16/24 at 9:23 AM Staff 4 (RNCM) stated she did not recall the 11/20/23 grievance.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385230	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/16/2024
NAME OF PROVIDER OR SUPPLIER  Regency Redmond Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3025 SW Reservoir Drive Redmond, OR 97756	
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)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>26991</p> <p>Based on interview and record review it was determined the facility failed to ensure allegations of abuse were reported to administration for 1 of 5 sampled residents (#85) reviewed for accidents. This placed residents at risk for abuse. Findings include:</p> <p>Resident 85 admitted to the facility in 1/2013 with a diagnosis of stroke.</p> <p>A 7/31/23 Progress Noted by Staff 20 (Agency LPN) revealed the nurse on the previous shift (not identified) reported she may have placed the suction tip too far into the resident's throat to suction secretions and blood was observed in the suction tubing.</p> <p>On 9/23/24 Witness 2 (Complainant) reported to the state agency facility staff were aware of an incident when a CNA held Resident 85's hands down in order for the nurse to suction the resident's secretions.</p> <p>On 8/13/24 at 5:40 PM Staff 32 (Former CNA) stated she heard another CNA held down Resident 85's hand while the nurse suctioned the resident.</p> <p>On 8/13/24 at 6:07 PM Witness 4 (Anonymous Staff) stated she was aware of a situation when the night nurse had a CNA hold down Resident 85's hand so the nurse could suction the resident. Witness 4 stated she reported to Witness 3 (Anonymous Staff)</p> <p>On 8/13/24 at 7:51 PM Witness 3 stated a CNA reported to her, during Resident 85's care, another CNA held the resident's hands down. Witness 3 directed the CNA to report the concern to administration.</p> <p>On 8/14/24 at 3:12 PM Staff 16 (Regional Nurse) stated if staff had any concern that another staff member held down a resident's hands during care, it was to be reported and an investigation would be initiated.</p> <p>On 8/14/24 at 3:30 PM Staff 1 (Administer) stated she was just made aware of the allegation a CNA held down Resident 85's hands therefore a FRI was not submitted at the time of the 7/31/23 incident.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385230	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/16/2024
NAME OF PROVIDER OR SUPPLIER  Regency Redmond Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3025 SW Reservoir Drive Redmond, OR 97756	

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)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<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>34703</p> <p>Based on interview and record review it was determined the facility failed to develop a person-centered care plan for 1 of 1 sampled resident (#30) reviewed for tube feeding. This placed residents at risk for lack of identified needs. Findings include:</p> <p>Resident 30 admitted to the facility in 3/15/24 with diagnoses including brain damage, quadriplegia (paralysis of all four extremities), and a feeding tube.</p> <p>An 3/15/24 Care Plan indicated the following for Resident 30:</p> <p>-Toilet use: the resident was independent or had toileting deficits due to quadriplegia and brain damage. The interventions included toilet use, dependant on one staff. Resident 30 was incontinent and did not use the toilet.</p> <p>-Bowel incontinence: the resident will have less than two episodes of incontinence per day. Assess pattern of incontinence and indicate toileting schedule if indicated.</p> <p>-Transfers: the resident was independent or had transferring performance deficits due to quadriplegia and brain damage. Interventions were three or more staff assistance with slide transfer to bed and wheelchair. Resident 30 used a mechanical lift for transferring.</p> <p>-Eating: The resident was independent or had eating performance deficits due to quadriplegia and brain damage. The goal included the resident will be able to eat in the highest practical level for their current condition. Resident 30 received nourishment and medications through her/his feeding tube.</p> <p>-Dressing: the resident was independent or had dressing performance deficits due to quadriplegia and brain damage. Interventions included to assist the resident to choose simple comfortable clothing that enhanced the resident's ability to dress her/himself, and to make sure shoes were comfortable and not slippery.</p> <p>On 8/15/24 at 11:57 AM Staff 7 (RNCM) acknowledged Resident 30's care plan was not individualized or person-centered and should have been.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385230	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/16/2024
NAME OF PROVIDER OR SUPPLIER  Regency Redmond Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3025 SW Reservoir Drive Redmond, OR 97756	

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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>26991</p> <p>Based on interview and record review it was determined the facility failed to suction a resident safely, and failed to follow diabetic orders for 2 of 9 sampled residents (#s 7 and 85) reviewed for accidents and medications. This placed residents at risk for injury and delayed treatment. Findings include:</p> <ol style="list-style-type: none"> <li>Resident 7 admitted to the facility in 7/2020 with a diagnosis of diabetes.</li> </ol> <p>A 7/2024 Diabetic Administration Record (DAR) revealed staff were to implement the hypoglycemic protocol (provide juice, sugar or medication to increase a resident's low blood sugar level) if Resident 7's CBG level was less than 60. The DAR revealed on 7/16/24 at 7:00 AM Resident 7's CBG was 48. The Diabetic Administration Record did not indicate the hypoglycemic protocol was implemented.</p> <p>A 7/16/23 Progress Note contained no information staff provided interventions when Resident 7's CBG level was 48.</p> <p>On 8/1/24 at 9:09 AM Staff 4 (RNCM) stated if a CBG level was less than 60 staff should have provided interventions, re-checked the CBG level after interventions were provided, and documented in the resident's clinical record. Staff 4 verified the resident's record did not indicate the hypoglycemic protocol was followed. <li>Resident 85 admitted to the facility in 1/2013 with a diagnosis of stroke.</li> <p>A Care Plan initiated 12/2014 revealed Resident 85 was at times resistive to care and had a communication deficit due to a stroke. If the resident bats away staff or pushes them away it indicated Resident 85 did not want to participate in something. Staff were to allow Resident 85 to make choices.</p> <p>A Progress Note by Staff 20 (Agency LPN) dated 7/31/23 revealed the nurse on the previous shift reported she may have inserted the suction tip too far into Resident 85's throat to suction secretions and blood was observed in the suction tubing.</p> <p>A 7/31/23 hospice Staff Progress Notes revealed facility staff reported Resident 85 was suctioned too deep by facility staff and she/he had dried blood in her/his mouth. The note indicated Resident 26 did not appear to be actively bleeding.</p> <p>On 8/13/24 at 6:07 PM Witness 4 (Anonymous Staff) stated she heard the nurse give report that a CNA held Resident 85's hands down while a nurse suctioned the resident and the resident bled.</p> <p>On 8/13/24 at 3:25 PM Staff 2 (Assistant DNS) stated she did not recall an incident related to Resident 85's care.</p> </p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385230	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/16/2024
NAME OF PROVIDER OR SUPPLIER  Regency Redmond Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3025 SW Reservoir Drive Redmond, OR 97756	
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)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41455</b></p> <p>Based on observation, interview and record review it was determined the facility failed to accurately assess, investigate, and care plan pressure ulcers for 3 of 4 sampled residents (#s 15, 27 and 28) reviewed for pressure ulcers. This placed residents at risk for worsening pressure ulcers. Findings include:</p> <p>A Skin at Risk Program Overview Policy revised on 4/2018 revealed the following:</p> <ul style="list-style-type: none"> <li>-Residents who enter the facility without a significant wound do not develop wounds unless their clinical condition demonstrates the wound was unavoidable.</li> <li>-The initial ulcer assessment will be initiated for each new ulcer (pressure, venous stasis, arterial or diabetic) identified, and wound monitoring order added to the resident treatment record as appropriate.</li> <li>-Pressure ulcers will be reviewed weekly during wound rounds.</li> <li>-Weekly measurements for pressure ulcers will be documented on the weekly ulcer evaluation following completion of the initial ulcer assessment. Documentation includes length, width, depth, undermining, tunneling, pain, amount and type of drainage, condition of the wound bed and wound edges.</li> <li>-Development of a stage 2 (partial-thickness loss of skin with exposed dermis) or greater pressure ulcer will be documented on an incident report and investigated per protocol.</li> </ul> <p>1. Resident 15 admitted to the facility in 12/2023 with diagnoses including depression and diabetes.</p> <p>A 12/23/23 Admission MDS and Pressure Ulcer and Injury CAA indicated Resident 15 was at risk for skin breakdown due to decreased mobility and her/his need for extensive assistance with toileting. Resident 15 did not have any pressure ulcers and staff were to notify nursing with any signs of skin breakdown.</p> <p>An 4/28/24 Skin Check and Body Diagram revealed there was a scab on the right ankle prominence boney area fell off, float heel and off load to relieve any pressure to avoid skin break down, No new skin issues.</p> <p>The 5/2024 TAR indicated on 5/31/24 Resident 15 started to receive wound treatments with iodine to both of her/his outer ankles every shift and a foam dressing was to be applied for protection.</p> <p>A 6/8/24 Skin and Wound Evaluation (first wound evaluation) indicated Resident 15 had a Stage 2 pressure ulcer on her/his left [NAME] (ankle) on her/his amputation site (Resident 15 did not have an amputation site) and the wound was in the middle. The form indicated the wound was new.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385230	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/16/2024
NAME OF PROVIDER OR SUPPLIER  Regency Redmond Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3025 SW Reservoir Drive Redmond, OR 97756	
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)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A 6/11/24 SOAP (Subjective, Objective, Assessment, Plan) provider note indicated an air mattress for Resident 15 was discussed because the resident laid in her/his bed frequently on her/his sides which caused pressure ulcers on the outside of Resident 15's ankles.</p> <p>A 7/13/24 Skin and Wound Evaluation indicated Resident 15 had a Stage 2 pressure ulcer to her/his right Lateral Malleolus (boney joint on the outside of the ankle) and the origin was unknown.</p> <p>A 7/24/24 revised care plan included Resident 15 had the potential for skin breakdown, encourage the resident to float heels and reposition and she/he used body positioning pillows to decrease pressure.</p> <p>On 8/12/24 11:30 AM and 1:18 PM Resident 15 was observed in bed sleeping and no body pillow was used or heels floated to protect her/his ankles.</p> <p>On 8/13/24 at 2:25 PM Resident 15 was observed sitting in her/his wheelchair with foam dressing attached to both of her/his outer ankles. Staff 34 (NA) stated she often assisted Resident 15 and was not aware the resident had any pressure ulcers or what care was necessary to address the needs of her/his ankles.</p> <p>On 8/14/24 at 10:06 AM and 10:49 AM Staff 16 (Regional Nurse) and Staff 30 (LPN-Resident Care Manager) stated when the wounds on Resident 15's ankles were first discovered the wounds were believed to be skin tears. The 6/8/24 wound assessment first identified the wounds as Stage 2 pressure ulcers based on a physician's observation and recommendation. Staff 30 stated she believed Resident 15's ankle wounds were caused when Resident 15 hit her/his ankles against her/his wheelchair foot rests.</p> <p>On 8/14/24 at 1:29 PM Staff 16 acknowledged, based on the data presented and available documentation, there was no initial investigation and appropriate follow-up of the wounds to Resident 15's ankles as expected to understand the root cause of the wounds and the wound assessments were inaccurate once the wounds were identified as pressure ulcers.</p> <p>50928</p> <p>2. Resident 27 admitted to the facility on ,d+[DATE] with diagnoses including stroke and diabetes.</p> <p>A 12/19/23 Admission Profile assessment indicated Resident 27 had pressure to the coccyx (tailbone). The pressure area was described as purple, non-blanchable, and not currently open. Calazime (a skin protectant) cream was to be applied during skin checks. No wound measurements were obtained.</p> <p>A 12/29/23 Pressure Ulcer CAA indicated resident 27 was at risk for skin breakdown and pressure injury due to decreased mobility and the need for extensive assistance with toileting. Staff were to provide prompt peri-care for toileting and to notify a nurse of any skin breakdowns or injuries. The CAA did not include any information regarding the pressure to Resident 27's tailbone.</p> <p>A review of Resident 27's clinical record from 12/30/23 through 4/3/24 (106 days), revealed the following:</p> <p>-No weekly wound round assessments were initiated.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385230	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/16/2024
NAME OF PROVIDER OR SUPPLIER  Regency Redmond Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3025 SW Reservoir Drive Redmond, OR 97756	
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)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The Weekly Skin Check Body Diagram and the TARs had no information or monitoring of Resident 27's coccyx pressure ulcer.</p> <p>An 4/3/24 Pressure Injury investigation revealed Resident 27 reported pain and discomfort to his/her buttock region. The resident exhibited dark purple discoloration on both bilateral buttocks and tailbone; wound measurements were completed. Staff 3 (LPN) notified Staff 30 (LPN Resident Care Manager) the wound nurse.</p> <p>An 4/3/24 Initial Skin Ulcer/Injury Measurement and Evaluation completed by Staff 30 revealed the resident had a facility-acquired DTPI (deep tissue pressure injury [persistent non-blanchable deep red, maroon or purple discoloration]) to the bilateral buttocks. The suspected DTPI had multiple, purple/maroon localized areas of discolored intact skin from pressure and/or shearing with repositioning or transfers. Wound measurements were obtained and treatment was initiated.</p> <p>Weekly wounds rounds and treatments were implemented on 4/4/24.</p> <p>On 7/6/24 a Wound Evaluation assessment indicated Resident 27 had a Stage 2 (partial-thickness loss with exposed dermis) pressure ulcer. The pressure ulcer measured 2.8 cm in length x 1.95 cm in width, with an overall area of 3.68 cm, and no signs or symptoms of infection. The assessment did not identify the location of the wound and indicated it was present on admission.</p> <p>A physician order with a start date of 7/10/24 and discontinued on 7/23/24 instructed staff to cleanse with wound Dakins (a solution to treat wound infections), pat to dry, apply Santyl ointment (helps remove dead tissue) to the wound bed, sprinkle Flayyl (an antibiotic) on the wound bed for odor control, pack with Maxorb AG ribbon (a calcium alginate to treat moderate to heavy draining wounds), apply calazime ointment, cover with a dressing and keep clean and dry every day and evening shift for wound care to left buttocks.</p> <p>A 7/13/24 and 7/20/24 Wound Evaluation assessment indicated Resident 27 had a Stage 3 (full-thickness skin loss) pressure ulcer. The pressure ulcer measured 2.68 cm in length x 1.38 cm in width, with an overall area of 2.41 cm. The assessment indicated the resident's wound had a suspected infection but was improving.</p> <p>A 7/23/24 Wound Clinic document revealed Resident 27 had a Stage 4 (full-thickness skin and tissue loss, undermining and/or tunneling often occur) pressure injury over the left iliac crest (hip bone) as well as the following:</p> <p>-The resident's left iliac crest foam dressing was 100% saturated, and the drainage was purulent (thick milky fluid which oozes from a wound that is not healing properly) and yellow with no odor.</p> <p>-The wound measured 2.8 cm in length x 1.6 cm in width x 2.4 cm in depth with a wound surface of 4.48 cm. The wound had significant depth/tunneling, extending to 7.5 cm.</p> <p>-During the wound debridement three pieces of packing were found in the wound and subsequently removed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385230	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/16/2024
NAME OF PROVIDER OR SUPPLIER  Regency Redmond Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3025 SW Reservoir Drive Redmond, OR 97756	

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)
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-A new order directed staff to change the dressing PRN for saturation of the foam dressing at three to four corners of the foam dressing, remove the packing and heavily irrigate the wound using wound cleanser spray or pressure nozzle wound cleanser, pat the wound dry and fill the wound with ONE continuous piece of silver hydrofiber (soft sterile wound care product) packing.</p> <p>-It was emphasized to ensure ALL packing was removed from the wound before filling the wound with one continuous piece of packing, leaving a three-inch tail for retrieval.</p> <p>In an interview on 8/12/24 at 11:23 AM and 8/14/24 at 11:10 AM Resident 27 stated she/he had a sore on her/his buttocks and was receiving treatment in the facility. Resident 27 stated she/he recently was sent to a wound clinic due to the wound not improving. The resident stated during the wound clinic appointment, the wound nurse discovered old packing deep within the wound, which she had to remove before cleaning and packing the wound. Resident 27 stated this caused her/him extreme pain.</p> <p>In an observation and interview on 8/15/24 at 9:40 AM Staff 3 (LPN) was observed performing wound care for Resident 27. Staff 3 removed the dressing from the resident's left buttock, removed the packing from the wound, discarded her gloves, sanitized her hands, and donned clean gloves. Staff 3 cleansed the wound with a spray, changed her gloves, and applied packing to the inside of the wound. Staff 3 stated the tunneling extended all the way up the left buttock, close to the lower back. Staff 3 placed a dressing over the wound and applied ointment to reddened area around the buttocks. Staff 3 stated she was aware of the wound when it was a stage 2, and staff applied Flagyl due to the wound developing an odor. Staff 3 stated she heard about the wound clinic discovering packing left in Resident 27's wound. Staff 3 stated she did not apply packing into the wound until after the wound clinic appointment. Staff 3 indicated Resident 27 stated it was the worst pain she/he ever had.</p> <p>In an interview on 8/15/24 at 12:44 PM Staff 3 stated the weekly Skin Body Diagram was completed by Staff 30. These diagrams involved a full body scan to ensure no skin breakdown occurred. Staff 3 stated recently the weekly skin checks were reassigned to nurses on the floor. Staff 3 stated she recalled first noticing the wound on Resident 27's buttocks approximately three months ago during a weekly skin check, but she could not recall to whom she reported the concern. The wound care orders directed staff to pack the wound, treat the wound with Santyl ointment, place AG rope on top of the resident's wound, and apply Flagyl for odor control. Staff 3 stated she placed the AG rope on top of the wound because she/he was unaware of any tunneling and indicated she never packed the wound. Staff 3 stated packing a wound meant folding the dressing in half and placing it on top of the wound. Staff 3 stated she only began packing the wound after Resident 27 was seen by the wound specialist on 7/23/24.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385230	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/16/2024
NAME OF PROVIDER OR SUPPLIER  Regency Redmond Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3025 SW Reservoir Drive Redmond, OR 97756	
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)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 8/15/24 at 3:34 PM Staff 8 (LPN) stated weekly skin checks were conducted by Staff 30 which involved an entire head-to-toe body check to identify any skin breakdown or wounds. Staff 8 stated recently the weekly skin checks were reassigned to nurses on the floor. Staff 8 did not recall any reports of Resident 27's buttocks until a few months ago. During that time the wound was not open, but resembled a discolored scab without any signs or symptoms of infection. Staff 8 confirmed the wound care orders prior to Resident 27's wound clinic visit instructed staff to pack the wound. Staff 8 explained the term packing referred to covering the site to facilitate absorption, as there was no tunneling to the wound to Staff 8's knowledge. Staff 8 denied packing Resident 27's wound. Staff 8 stated Resident 27 was seen by a wound specialist in 7/2024 and packing was found inside the wound, possibly remaining from previous dressing changes. Staff 8 stated Staff 30 completed weekly wound assessments which involved measurements and a description of the wound, including measuring the length, width, and depth.</p> <p>Interviews conducted on 8/16/24 at 9:28 AM revealed the following:</p> <p>-Staff 4 (RNCM) stated she completed the Admission Profile assessment for Resident 27 on 12/19/23 but did not identify the stage of the wound to the tailbone region. Staff 4 stated she was supposed to report her finding to Staff 30 to initiate wound care orders and treatment for Resident 27's pressure to the tailbone.</p> <p>-Staff 30 stated she completed the MDS and the 12/29/23 Pressure Ulcer CAA for Resident 27. Staff 30 stated she reviewed hospital records and spoke with the resident. Staff 30 stated she intended to review the Admission Profile Skin assessment, which Staff 4 completed, however Staff 30 acknowledged there was no information about the resident's pressure ulcer on the CAA because she missed reviewing the Admission Profile Skin assessment on 12/19/23. Staff 30 stated when she reviewed the 12/30/23 Skin Check Body Diagram there was no information regarding Resident 27's wound to the buttocks, leading her to assume the wound was resolved.</p> <p>- Staff 16 (Regional Nurse) stated Resident 27 had a DTPI, and weekly wound assessments should have been initiated along with monitoring of the wound. Staff 16 acknowledged the three-month delay for monitoring of the DTPI.</p> <p>-Staff 16 and Staff 30 stated Resident 27 showed no signs or symptoms of infection until 7/8/24. The wound culture was negative, and Staff 30 stated to her knowledge there was no noticeable tunneling. On 7/23/24 Resident 27 was sent to the wound specialist where the wound was debrided, tunneling was noted, and old packing was found in the wound. Staff 16 acknowledged the wound orders for Resident 27 instructed staff to pack the wound. Staff 16 explained packing a wound referred to laying a pad across the wound, even if the wound was crater-like, to assist with granulation (development of new tissue).</p> <p>-Staff 30 stated she completed weekly wound assessment and used a sterile cotton swab to measure the deepest point, and monitored the tunneling of the wound. Staff 30 and Staff 16 acknowledged there was no documentation regarding Staff 30 measuring the wound for tunneling.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385230	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/16/2024
NAME OF PROVIDER OR SUPPLIER  Regency Redmond Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3025 SW Reservoir Drive Redmond, OR 97756	
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)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-When asked about current wound care orders for Resident 27, Staff 16 confirmed the order instructed staff to heavily irrigate the wound with cleanser. Staff 16 stated the method of heavy irrigation could vary depending on the specific order. When asked if spraying a wound with wound cleanser constituted heavily irrigated, Staff 16 stated she would clarify the wound order. Staff 16 acknowledged there were significant issues and concerns with wound care.</p> <p>-No information was provided if the wound care order was clarified.</p> <p>34703</p> <p>3a. Resident 28 admitted to the facility in 2/2024 with diagnoses including bilateral aka (above the knee) amputations and pressure ulcers.</p> <p>The 6/2/24 Admission MDS indicated Resident 28 required assistance with bed mobility and was at risk for pressure ulcers to deteriorate and to develop more. Resident 28's skin was monitored for signs of newly developing skin issues.</p> <p>The care plan dated 7/28/24 indicated Resident 28 had excoriation and an open area to the right buttock.</p> <p>An 8/2/24 Skin Ulcer/Injury Measurement and Evaluation Note indicated Resident 38 had a Stage 3 (full-thickness skin loss) pressure ulcer to her/his left buttocks.</p> <p>An 8/12/24 Skin and Wound Evaluation Note indicated Resident 28 had a Stage 2 (partial-thickness skin loss) pressure ulcer to her/his left buttocks.</p> <p>On 8/15/24 at 4:33 PM Staff 16 (Regional Nurse) acknowledged staff assessed the wound inaccurately; Resident 28 had a Stage 2 pressure ulcer not a Stage 3.</p> <p>b. On 8/9/24 a Skin Monitoring Comprehensive CNA Shower Review indicated the resident had no skin issues.</p> <p>The 8/2024 Documentation Survey Report indicated Resident 28 had a skin observations performed on 8/12/24 and 8/13/24 on all shifts, and no skin concerns were observed.</p> <p>On 8/12/24 at 1:27 PM Resident 28 was is observed to have an open area approximately the size of a nickel on the right stump underneath the leg prosthesis and a small scab. Resident 28 stated she/he had open areas to the right thigh, but staff did not place dressings over the wounds.</p> <p>On 8/14/24 at 1:39 PM Staff 16 (Regional Nurse) observed multiple blisters (Stage 2 pressure ulcers) to Resident 28's right thigh and acknowledged there was no documentation in Resident 28's medical record to identify the blisters to the resident's right thigh.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385230	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/16/2024
NAME OF PROVIDER OR SUPPLIER  Regency Redmond Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3025 SW Reservoir Drive Redmond, OR 97756	
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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 26991</p> <p>Based on interview and record review it was determined the facility failed to ensure staff followed the care plan related to fall safety and ascertain post-fall injuries for 2 of 4 sampled residents (#s 10 and 26) reviewed for accidents. This placed resident placed at risk for lack of supervision and falls. Findings include:</p> <p>1. Resident 26 admitted to the facility in 9/2022 with a diagnosis of a stroke.</p> <p>a. A Fall investigation dated 5/14/24 revealed Resident 26 had an unwitnessed fall on 5/14/24 at 12:35 AM.</p> <p>Progress Notes from 5/14/24 to 6/4/24 revealed the following:</p> <p>-5/14/24 Resident 26 fell and neurological assessments were initiated.</p> <p>-5/15/24 Resident 26 was assessed to not have an injury from her/his fall.</p> <p>There were no additional post fall assessments after 5/15/24.</p> <p>A Neurological Check form (assessment for head injury) initiated 5/14/24 revealed staff were to assess Resident 26 every 15 minutes for one hour, every one hour for four hours, every four hours for 16 hours, and every eight hours for 24 hours, a total of 19 assessments. The assessment included vital signs, pupil size, and strength of arms and legs. A complete neurological assessment was not completed for any of the scheduled times.</p> <p>On 8/15/24 at 8:30 AM Staff 4 (RNCM) stated staff were to assess and document in the Progress Notes for 72 hours after a resident fall. Staff 4 acknowledged the neurological assessments and charting was not done for Resident 26's 5/14/24 fall.</p> <p>b. A Fall investigation dated 6/4/24 revealed Resident 26 had an unwitnessed fall on 6/4/25 at 6:13 AM. The investigation indicated neurological assessments were completed.</p> <p>Review of Resident 26's clinical record revealed no Neurological Check form (assessment for head injury).</p> <p>Progress notes from 6/4/24 to 6/7/24 revealed no notes related to Resident 26's fall.</p> <p>On 8/15/24 at 8:30 AM Staff 4 (RNCM) stated staff were to assess and document in the Progress Notes for 72 hours after a fall.</p> <p>On 8/15/24 at 9:51 AM Staff 33 (LPN) stated neurological assessments were to be completed at scheduled times for unwitnessed falls.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385230	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/16/2024
NAME OF PROVIDER OR SUPPLIER  Regency Redmond Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3025 SW Reservoir Drive Redmond, OR 97756	
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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/15/24 at 12:24 PM and 8/15/24 at 12:45 PM a request was made to Staff 16 (Regional Nurse) for assessments after Resident 26's 6/4/24 fall. No additional information was provided.</p> <p>c. A Fall investigation dated 6/26/24 revealed Resident 26 had an unwitnessed fall on 6/26/24 at 4:39 AM. Resident 26 sustained a hematoma (collection of blood under the skin) and was sent to the emergency room for evaluation. Resident 26 was assessed to not have a head injury. The investigation also indicated neurological assessments were completed.</p> <p>A Neurological Check form (assessment for head injury) initiated 6/26/24 revealed staff were to assess Resident 26 every 15 minutes for one hour, every one hour for four hours, every four hours for 16 hours, and every eight hours for 24 hours, a total of 19 assessments. The assessment included vital signs, pupil size, and strength of arms and legs. Complete neurological assessments were completed six times in the first 24 hours. Assessments were not completed for the remaining 32 hours.</p> <p>On 8/15/24 at 9:51 AM Staff 33 (LPN) stated neurological assessments were to be completed at scheduled times for unwitnessed falls.</p> <p>On 8/15/24 at 8:30 AM Staff 4 (RNCM) acknowledged the neurological assessments and charting was not completed after Resident 26's 6/26/24 fall.</p> <p>36494</p> <p>2. Resident 10 admitted to the facility on ,d+[DATE] with diagnoses including Parkinson's disease and repeated falls.</p> <p>A care plan initiated on 7/1/21 revealed Resident 10 was a fall risk and required a one-person assist with toileting. A revision dated 5/6/22 revealed Resident 10 was not to be left alone when using the restroom.</p> <p>A FRI dated 1/25/24 revealed the following:</p> <ul style="list-style-type: none"> <li>- Resident 10 was found on the floor in the north common bathroom by Staff 18 (Former CNA) and Staff 26 (Former CNA) after they heard a thud.</li> <li>- Staff 4 (RNCM) assessed Resident 10 who was unable to describe the incident due to being non-verbal, but was able to shake her/his head yes or no. The resident denied pain. Staff 4 indicated the resident sustained a hematoma (an abnormal collection of blood outside of a blood vessel or body space) measuring approximately three inches.</li> <li>- Staff 17 (Former CNA) indicated she placed Resident 10 on the toilet and left the restroom to allow her/him privacy. Staff 17 indicated during shift change she reported to Staff 18 Resident 10 was on the toilet. Staff 17 assumed Staff 18 was going to assist Resident 10 off of the toilet, so Staff 17 left the facility.</li> <li>- Staff 18 indicated she received report during shift change from Staff 17 and was informed Resident 10 was on the toilet, but assumed Staff 17 was going to complete caring for Resident 10 and assist her/him off of the toilet. However, Staff 17 left the facility after shift change.</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385230	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/16/2024
NAME OF PROVIDER OR SUPPLIER  Regency Redmond Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3025 SW Reservoir Drive Redmond, OR 97756	
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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The miscommunication resulted in Resident 10 being left on the toilet unattended in the bathroom and she/he subsequently fell off the toilet.</p> <p>-It was determined there was poor communication between Staff 17 and Staff 18 during shift change and Staff 17 did not follow the care plan, which indicated Resident 10 was not to be left alone when using the toilet.</p> <p>On 8/12/24 and 8/13/24 attempts to contact Staff 17 were unsuccessful.</p> <p>On 8/13/24 at 12:54 PM and 3:09 PM Staff 23 (CNA) and Staff 19 (CNA) stated on 1/25/24, during shift change, Staff 17 was assigned to Resident 10 and indicated she placed the resident on the toilet in the bathroom, after which Staff 17 left the facility. Staff 23 stated she entered the bathroom after hearing a loud noise and found Resident 10 on the floor. Staff 23 stated she ran for additional help because other staff were already in the bathroom. Staff 23 and Staff 19 stated Resident 10 was a fall risk and was not to be left alone when she/he was in the bathroom.</p> <p>On 8/15/24 at 9:13 AM Staff 18 stated on 1/25/24, during shift change, Staff 17 told Staff 18 she placed Resident 10 on the toilet but then left the facility. Staff 18 stated she thought Staff 17 was going to assist the resident off of the toilet before she left the facility after her shift ended, but that did not occur. Staff 18 stated she heard a thud and found Resident 10 on the floor in the bathroom unattended. The resident looked bewildered but was smiling. Staff 18 stated Resident 10 was not to be left unattended in the bathroom and there was a miscommunication between her and Staff 17.</p> <p>On 8/15/24 at 1:51 PM Staff 4 stated the 1/25/24 incident occurred during shift change and there was poor communication between staff. Additionally, Resident 10 was not to be left alone when she/he was placed on the toilet. Staff 4 stated Staff 17 did not follow the care plan which resulted in Resident 10 falling off of the toilet. Staff 4 stated Resident 10 obtained a hematoma with pain to the head, but once back in her/his wheelchair the resident was back to her/his baseline.</p> <p>On 8/15/24 at 2:10 PM Staff 2 (acting DNS) stated she was aware of the incident on 1/25/24, acknowledged Staff 17 did not follow the care plan, and there was poor communication during shift change. Staff 2 stated Resident 10 was not sent out to the hospital because she/he was comfort care measures only. Staff 2 stated staff initiated neurological checks and monitored her/him appropriately for pain and discomfort after the fall.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385230	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/16/2024
NAME OF PROVIDER OR SUPPLIER  Regency Redmond Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3025 SW Reservoir Drive Redmond, OR 97756	
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)		
<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>41455</p> <p>Based on observation, interview and record review it was determined the facility failed to assess and implement trauma informed care interventions for 1 of 5 sampled residents (#15) reviewed for medications. This placed residents at risk for re-traumatization. Findings include:</p> <p>Resident 15 admitted to the facility in 12/2023 with diagnoses including PTSD (Post Traumatic Stress Disorder) and anxiety.</p> <p>A 12/22/23 Psychosocial History and Discharge Plan assessment indicated Resident 15 had no trauma, mood or behavior issues.</p> <p>A 7/18/24 revised care plan indicated staff were to notify Staff 9 (Social Services Director) with changes in mood or behaviors and Resident 15's psychosocial well-being problem was related to a recent hospitalization (in 2023). No focus or interventions related to Resident 15's PTSD were found.</p> <p>On 8/12/24 11:30 AM and 1:18 PM Resident 15 was observed in bed sleeping with the door open and no blankets or clothing were observed to cover her/him.</p> <p>On 8/13/24 at 9:34 AM Resident 15 was observed in bed sleeping. Staff 6 (RN) stated Resident 15 usually was awake most of the night and woke for the day by 3:00 PM.</p> <p>On 8/14/24 at 11:17 AM Staff 6 stated she was only aware of Resident 15's PTSD because she spoke with the resident and believed her/his withdrawn behavior and anxiety at night was also related to her/his PTSD. Staff 6 stated other staff would benefit to know how to approach Resident 15 because she/he only accepted or spoke with select staff. Staff 6 expressed concerns there were no monitors in place related to Resident 15's PTSD.</p> <p>On 8/14/24 at 11:41 AM and 12:48 PM Staff 9 stated she was recently informed of issues at night for Resident 15 and stated her/his baseline behavior was long hours of sleep and ignoring people. Staff 9 acknowledged Resident 15's psychosocial assessment was inaccurate because she was not aware of her/his PTSD diagnosis at admission. Staff 9 also acknowledged Resident 15's care plan was not specific to her/his behaviors and interventions for her/his PTSD were needed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385230	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/16/2024
NAME OF PROVIDER OR SUPPLIER  Regency Redmond Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3025 SW Reservoir Drive Redmond, OR 97756	

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)
<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>41455</p> <p>Based on observation, interview and record review it was determined the facility failed to staff a registered nurse for eight consecutive hours per day seven days per week for nine out of 60 days reviewed for staffing. This placed residents at risk for unmet assessment needs. Findings include:</p> <p>A review of the Direct Care Staff Daily Reports and payroll records dated 2/1/24 through 3/31/24 revealed nine days without eight consecutive hours of registered nurse coverage on any shift in a 24 hour period.</p> <p>On 8/15/24 at 12:04 PM and 8/16/24 at 10:32 AM Staff 1 (Administrator) confirmed on the dates of 2/3/24, 2/10/24, 2/17/24, 2/24/24, 3/2/24, 3/9/24, 3/16/24, 3/23/24 and 3/30/24 there were no RNs in the building as required and a corrective action plan was in place since 4/1/24 to address RN staffing.</p> <p>On 8/19/24 at 3:24 PM Staff 1 provided the following written documentation of the corrective action: an 4/1/24 short-term action plan was implemented to ensure RNs reallocated their hours to ensure the requirements for RN coverage was met until new RNs were hired and trained. The committee members met quarterly to evaluate progress which included the use of hosting nursing clinics and increased recruitment.</p> <p>The facility's implementation of corrective actions were verified through the survey process. Observations of RN coverage from 8/12/24 through 8/16/24 and record review of Direct Care Staffing Report from 7/14/24 through 8/12/24 revealed no concerns with RN coverage for eight consecutive hours in a 24 hour period for any of these shifts .</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385230	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/16/2024
NAME OF PROVIDER OR SUPPLIER  Regency Redmond Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3025 SW Reservoir Drive Redmond, OR 97756	

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)
<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>26991</p> <p>Based on interview and record review it was determined the facility failed to monitor side effects of psychotropic medications for 1 of 5 sampled residents (#7) reviewed for medications. This placed residents at risk for adverse medication reactions. Findings include:</p> <p>Resident 7 was admitted to the facility in 5/2017 with chronic mental health diagnoses.</p> <p>Resident 7's 7/2024 and 8/2024 MARs and TARs revealed she/he was administered scheduled olanzapine (antipsychotic), valproic acid (mood stabilizer), and clonazepam (treats anxiety). There was no indication the side effects of the psychotropic medications were monitored.</p> <p>On 8/14/24 at 10:01 AM Staff 3 (LPN) stated staff were to document on the TAR if a resident had side effects of psychotropic medications. If there were side effects staff were also to document in the Progress Notes.</p> <p>On 8/14/24 at 2:15 PM Staff 4 (RNCM) stated the psychotropic medication side effects were to be entered as a scheduled nursing task. Staff 4 stated the order was entered as PRN and therefore the system did not alert staff to monitor and document if the resident had any medication side effects.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385230	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/16/2024
NAME OF PROVIDER OR SUPPLIER  Regency Redmond Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3025 SW Reservoir Drive Redmond, OR 97756	

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)
<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>41455</p> <p>Based on observation and interview review it was determined the facility failed to follow therapeutic diets for 1 of 1 kitchen. This placed residents at risk for lack of nutritional interventions. Findings include:</p> <p>On 8/15/24 at 11:06 AM Staff 14 (Cook) was observed to prepare lunch for residents and did not utilize recipes or therapeutic diet spread sheets for portion control or meal substitution for any resident who received a therapeutic diet. Staff 14 stated she had no training on the use of diet spread sheets since she was hired almost a year ago. Staff 14 also stated when a NEM (Nutritionally Enhanced Meal) was ordered for a resident, their foods were not nutritionally enhanced but rather nutritional supplements were ordered by the RD and provided. Staff 13 (Dietary Manager) stated any recipe used in the kitchen was obtained through a generic search of the Internet since no recipes were provided by the facility.</p> <p>On 8/15/24 at 11:16 AM and 12:16 PM Staff 15 (RD) stated her audits of the facility kitchen did not include verification that diet spread sheets and system recipes were utilized. Staff 15 acknowledged system recipes with therapeutic diet spread sheets were to be utilized and foods were to be daily enhanced with extra calories to meet the expectations of a NEM diet order.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385230	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/16/2024
NAME OF PROVIDER OR SUPPLIER  Regency Redmond Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  3025 SW Reservoir Drive Redmond, OR 97756	

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)
<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>26991</p> <p>Based on interview and record review it was determined the facility failed to ensure flu and pneumonia vaccines were provided for 2 of 5 sampled residents (#s 7 and 15) reviewed for immunizations. This placed residents at risk for respiratory infections. Findings include:</p> <p>1. Resident 7 admitted to the facility in 4/2017 with a diagnosis of diabetes.</p> <p>A Consent For Annual Flu, Pneumonia, and Covid Vaccines form revealed on 5/4/24 Resident 7 consented to have a pneumonia vaccine administered.</p> <p>Resident 7's record did not have documentation to indicate she/he received the vaccine.</p> <p>On 8/14/24 at 2:33 PM Staff 30 (IP) verified Resident 7 consented to the pneumonia vaccine but staff did not administer it.</p> <p>2. Resident 15 admitted to the facility in 12/19/23 with a diagnosis of diabetes.</p> <p>A Consent For Annual Flu, Pneumonia, and Covid Vaccines form revealed on 12/19/23 Resident 15 consented to have a flu vaccine administered.</p> <p>Resident 15's record did not have documentation to indicate she/he received the vaccine.</p> <p>On 8/14/24 at 2:33 PM Staff 30 (IP) verified Resident 15 consented to the flu vaccine but staff did not administer it.</p>