

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2025
NAME OF PROVIDER OR SUPPLIER Regency Prineville Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 950 NE Elm Street Prineville, OR 97754	

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>34702</p> <p>Based on interview and record review it was determined the facility failed to follow physician orders for 1 of 3 sampled residents (#1) reviewed for medication. This placed residents at risk for behaviors. Findings include:</p> <p>Resident 1 admitted to the facility in 2024 with diagnoses including depressive disorder.</p> <p>The 12/27/24 physician order indicated Resident 1 was to receive Zyprexa (antipsychotic) 2.5 mg at bedtime.</p> <p>The 12/2024 MAR indicated Resident 1 did not start taking Zyprexa until 12/31/24.</p> <p>On 5/13/25 at 12:08 PM Witness 2 (Pharmacy Technician) stated the pharmacy did not receive an order for Zyprexa until 12/31/24.</p> <p>On 5/13/25 at 1:19 PM Staff 2 (DNS) acknowledged Resident 1 had an order for Zyprexa on 12/27/25 and the order was not implemented until 12/31/24 (4 days later).</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
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