

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  08/16/2024
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 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p>50930</p> <p>Based on interview it was determined the facility failed to ensure mail was delivered to residents on Saturdays for 1 of 1 facility reviewed for resident council. This placed residents at risk for lack of timely written communication. Findings include:</p> <p>During the resident council meeting on 8/14/24 at 2:30 PM residents stated their mail was not delivered to them on Saturdays.</p> <p>On 8/15/24 at 2:12 PM Staff 3 (Activities Director) stated mail was delivered to the facility Monday through Saturday, and she passed out mail to the residents Monday through Friday. She verified mail was not delivered to residents on Saturdays.</p> <p>On 8/16/24 at 10:35 AM Staff 1 (Administrator) stated mail was previously passed out to residents on Saturdays by housekeeping or activities staff, but this practice was currently on hold. He verified mail was not delivered to residents on Saturdays.</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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(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>47005</p> <p>Based on interview and record review it was determined the facility failed to follow physician's orders for blood sugar parameters for 1 of 5 sampled residents (#6) reviewed for unnecessary medications. This placed residents at increased risk for hyperglycemia. Findings include:</p> <p>Resident 6 admitted to the facility in 2017 with diagnoses including diabetes.</p> <p>A 6/23/23 physician order indicated Resident 6's insulin aspart 100 units before meals parameters to hold for blood sugar less than 120.</p> <p>A review of Resident 6's MAR revealed the following:</p> <ul style="list-style-type: none"> <li>-On 5/8/24 a blood sugar of 143 at 7:00 AM and the insulin aspart was withheld by Staff 4 (LPN).</li> <li>-On 5/11/24 a blood sugar of 148 at 7:00 AM and the insulin aspart was withheld by Staff 4.</li> <li>-On 6/4/24 a blood sugar of 137 at 7:00 AM and the insulin aspart was withheld by Staff 4.</li> <li>-On 7/11/24 a blood sugar of 148 at 5:00 PM and the insulin aspart was withheld by Staff 4.</li> <li>-On 7/19/24 a blood sugar of 132 at 7:00 AM and the insulin aspart was withheld by Staff 4.</li> <li>-On 7/24/24 a blood sugar of 146 at 5:00 PM and the insulin aspart was withheld by Staff 4.</li> <li>-On 8/7/24 a blood sugar of 143 at 7:00 AM and the insulin aspart was withheld by Staff 4.</li> <li>-On 8/7/24 a blood sugar of 137 at 5:00 PM and the insulin aspart was withheld by Staff 4.</li> </ul> <p>On 8/15/24 at 10:03 AM Staff 4 stated Resident 6's blood sugars were checked three times per day before meals and if blood sugars were below 110, the insulin was withheld. The surveyor requested Staff 4 to review Resident 6's insulin aspart orders. Staff 4 stated Resident 6's previous orders indicated to hold if blood sugar was less than 150. Staff 4 stated she forgot the order changed recently.</p> <p>On 8/15/24 at 1:56 PM Staff 2 (DNS) stated it was her expectation that nurses read the physician orders when administering medications every time. Staff 2 acknowledged the insulin aspart was withheld from Resident 6 when it should have been administered per physician orders.</p>		