STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385261	A. Building B. Wing	01/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Prineville Rehabilitation & Nursing Center	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, interview and record review it was determined the facility failed to ensure supervision and safety interventions were in place for 1 of 1 sampled resident (#2) reviewed for smoking safety. This placed residents at risk smoking related injuries. Findings include:The facility's 4/2018 Smoking Policy indicated the following:-Residents were able to smoke tobacco only in designated areas on the premises.-If the facility had supervised smoking, times would be posted on the facility's nursing units and provided for residents who smoke. Smoking periods were limited to 15 minutes at the designated times.-The schedule for smoke breaks was Monday-Sunday at 6:45 AM, 9:45 AM, 12:45 PM, 3:45 PM, 6:45 PM, and 9:30 PM.-It was recommended residents were supervised when they were smoking although there may be some residents assessed to be independent. Resident 2 was admitted to the facility in 10/2024 with diagnoses including chronic obstructive pulmonary disease (a lung disease that blocks airflow). A 10/24/25 Annual MDS indicated Resident 2 was cognitively intact. A 10/25/25 Care Plan indicated Resident 2 was assessed to be an independent smoker and had to store her/his smoking supplies at the nurse's station. A 1/12/26 Smoking Safety Evaluation indicated Resident 2 had poor judgement and decision-making skills related to smoking. The resident was to be supervised during smoking periods and return all smoking supplies to the nurse's station at the end of each designated smoke period. Resident 2 was observed outside smoking without supervision on the following occasions:-1/13/26 at 12:44 PM-1/13/26 at 1:02 PM-1/14/26 at 2:40 PM-1/15/26 at 10:15 AMNo evidence was found in Resident 2's clinical record to indicate the resident had any smoking related accidents or injuries.On 1/14/26 at 9:04 AM Staff 9 (CNA) stated Resident 2 required supervision for smoking and required staff to obtain her/his smoking items from the nurse's station and accompany her/him to the designated smoking area. Staff 9 stated a staff member had to be with the resident during the entire smoking period and was to collect the resident's smoking items and return them back to the secured cupboard at the nurse's station after the resident was finished smoking. On 1/14/26 at 9:40 AM Staff 4 (LPN) stated Resident 2 required supervision for smoking and she/he was found outside on multiple occasions, smoking without staff present. On 1/15/26 at 10:02 AM Staff 2 (DNS) stated Resident 2 was assessed as requiring supervision for smoking due to her/him being impulsive when it involved making decisions related to smoking. Staff 2 stated the resident was recently reviewed for her/his quarterly Smoking Safety Evaluation and the care plan was not updated to reflect the change of smoking privilege status until 1/15/26. Staff 2 indicated Resident 2 did not have any smoking related accidents or injuries. On 1/15/26 at 10:21 AM Staff 1 (Administrator) and the surveyor observed Resident 2 smoking outside without supervision and Staff 1 acknowledged Resident 2 required supervision while smoking.

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