

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385263	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/11/2025
NAME OF PROVIDER OR SUPPLIER  Regency Hermiston Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  970 W Juniper Avenue Hermiston, OR 97838	

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>38140</p> <p>Based on observation, interview, and record review it was determined the facility failed to develop comprehensive care plans for 1 of 1 sampled resident (#40) reviewed for vision. This placed resident at risk for lack of visual care needs. Findings include:</p> <p>Resident 12 admitted to the facility in 2020 with a diagnoses including dementia with behavioral disturbance.</p> <p>Resident 12's 1/6/25 Quarterly MDS revealed the resident had vision impairment and her/his BIMS score was 5 which indicated a severe cognitive impairment. The resident's required substantial/maximal assistance with a helper completing more than half of the effort.</p> <p>On 4/7/25 at 11:55 AM Resident 12 was observed without eyeglasses, in bed coloring. Resident 12 stated she/he was worried about her/his eyeglasses and said they were missing. The surveyor looked around on Resident 12's bed and bedside table and no eyeglasses were visible.</p> <p>Resident 12 was observed to not have worn eyeglasses on the following dates and times:</p> <p>-4/7/25 at 10:28 AM and 11:55 AM;</p> <p>-4/8/25 at 8:08 AM, 9:26 AM, 12:39 PM and 2:23 PM;</p> <p>-4/9/25 at 7:41 AM.</p> <p>Record review of Resident 12's care plan revealed no indication she/he wore eyeglasses or that staff were to assist her/him with eyeglasses.</p> <p>On 4/9/25 at 8:52 AM Staff 9 (CNA) stated they obtained information to care for Resident 12 from her/his care plan. Staff 9 stated they were not sure if Resident 12 had prescription eyeglasses but the resident did wear eyeglasses when she/he colored.</p> <p>On 4/9/25 at 8:58 AM Staff 20 (CNA) stated they obtained information to care for Resident 12 from the care plan. Staff 20 stated Resident 12 wore eyeglasses to see better especially when she/he colored and did puzzles.</p> <p>(continued on next page)</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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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/9/25 at 11:15 AM Staff 4 (Resident Care Manager/LPN) stated she was aware Resident 12 wore eyeglasses sometimes. Staff 4 confirmed Resident 12 required staff assistance to complete many ADLs, staff needed to assist the resident with her/his eyeglasses and often needed assistance to find the eyeglasses to wear. Staff 4 confirmed the care plan did not include information about eyeglasses.</p> <p>On 4/9/25 at 11:27 AM Staff 2 (DNS) stated she expected Resident 12's care plan to include direction for staff to assist her/him with eyeglasses as needed or requested by the resident.</p>		

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<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>38140</p> <p>Based on observation, interview and record review it was determined the facility failed to follow physician orders for skin assessments and monitoring for 2 of 2 residents (#s 27 and 40) reviewed for non-pressure skin conditions. This placed residents at risk for delayed treatment and skin breakdown. Findings include:</p> <p>The facility's revised 4/2018 Skin at Risk Program Overview Policy indicated the Skin at Risk Program was based on the nursing process and included identification of residents at risk for skin breakdown, care plan developed to prevent skin breakdown, implementation of care plan interventions, to evaluate and monitor interventions for skin.</p> <p>1. Resident 27 admitted to the facility in 2019 with diagnoses chronic pain and depression.</p> <p>Resident 27's physician order, start date on 10/21/23, directed staff to check her/his skin and indicate if a new condition was present. If a new condition was present staff were to document a progress note and initiate a skin documentation form.</p> <p>Resident 27's 2/25/25 Quarterly MDS revealed the resident had a BIMS score of 11 which indicated a moderate cognitive impairment.</p> <p>On 4/7/25 at 11:13 AM Resident 27 was observed with a bruise about the size of a quarter on her/his right upper forearm. Resident 27 stated she/he did not know where the bruise came from.</p> <p>Resident 27 was observed with the bruise on her/his right upper forearm on the following dates and times:</p> <p>-4/8/25 at 3:28 PM;</p> <p>-4/9/25 at 7:41 AM, 4:00 PM, 5:18 PM;</p> <p>-4/10/25 at 9:50 AM and 12:15 PM.</p> <p>Review of Resident 27's health record reveal no indication an assessment, monitoring or progress note were completed for any bruise.</p> <p>On 4/10/25 at 4:26 PM Staff 4 (Resident Care Manager/LPN) confirmed Resident 27 had a bruise to her/his right upper forearm. Staff 4 confirmed Resident 27's health record had no information regarding the bruise and she expected staff to provide appropriate documentation when a new skin condition occurred.</p> <p>On 4/11/25 at 11:39 AM Staff 2 (DNS) acknowledged Resident 27's bruise was not assessed, monitored or documented. She stated she expected staff to assess, monitor and document any new skin condition.</p> <p>2. Resident 40 admitted to the facility in 2022 with diagnoses including Type 2 Diabetes (body's trouble with blood sugars) and vascular disease (body's circulatory system).</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident 40's physician order, start date on 10/19/23, directed staff to check her/his skin and indicate if a new condition was present. If a new condition was present staff were to document a progress note and initiate a skin documentation form.</p> <p>Resident 40's 2/26/25 Quarterly MDS revealed the resident had a BIMS score of 10 which indicated moderate cognitive impairment.</p> <p>On 4/8/25 at 9:58 AM Resident 40 was observed in bed with her/his feet sticking out from under the sheet. Resident 40's left foot was discolored with hues of blue and green and the ankle towards the calf was covered in a white mesh wrap with scabs visible under it.</p> <p>A review of Resident 40's health record revealed no indication an assessment, monitoring or progress note were completed for her/his left foot scabbing and discoloration.</p> <p>On 4/10/25 at 4:16 PM Staff 4 (Resident Care Manager/LPN) stated Resident 40 had scabs on her/his left foot from scratching her/himself and the discoloration of the foot was from an infection. Resident 4 acknowledged she was not able to find any documentation for Resident 40's left foot.</p> <p>On 4/11/25 at 11:29 AM Staff 2 (DNS) stated she expected Resident 40's left foot to be assessed, monitored and documented. Staff 2 was unable to provide any additional information.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>40774</p> <p>Based on observation, interview and record review it was determined the facility failed to ensure accurate communication occurred between the facility and the dialysis provider, ensure the residents care plan and physician orders were followed for fluid restriction for 1 of 1 sampled resident (#69) reviewed for dialysis. This paced residents at risk for lack of communication with the dialysis center and fluid overload. Findings include:</p> <p>Resident 69 admitted to the facility in 3/2025 with diagnoses including heart failure and ESRD (end stage kidney disease).</p> <p>The facility's Dialysis Policy revised on 3/2024 indicated the following:</p> <ul style="list-style-type: none"> <li>-Licensed nurses were to complete the Pre and Post-dialysis assessments with each dialysis visit.</li> <li>-The licensed nurse are to ensure the Dialysis Communication form were completed and special instructions/orders were implemented.</li> </ul> <p>a. A 3/3/25 physician order indicated staff were to follow the dialysis flow sheet protocol every day shift every Tuesday, Thursday and Saturday.</p> <p>A review of the Dialysis Communication form revealed the following:</p> <p>The 3/4/25, 3/25/25, and 4/1/25 revealed:</p> <p>The post dialysis section had no documentation related to vitals, dialysis cite assessment and condition, pertinent information, nurse signature and date or time.</p> <p>The 3/8/25, 3/11/25, 3/13/25, 4/5/25 and 4/8/25 Dialysis Communication forms did not include the following:</p> <p>The post dialysis section had no documentation related to vitals, dialysis cite assessment and condition, pertinent information, no nurse signature and date or time.</p> <p>No documentation was found in the resident's clinical record to indicate staff completed the Dialysis Communication forms or notified the dialysis center.</p> <p>On 4/9/25 at 9:49 AM Witness 1 (Dialysis RN) stated the facility was required to complete the Pre-dialysis section prior to sending Resident 69 to dialysis; however, there had been instances when the facility did not send the form or the form was sent incomplete. Witness 1 stated it was important the forms were complete because the information was used to determine the type of care the resident received during dialysis treatment.</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/9/25 at 11:27 AM Staff 23 (LPN) stated nurses were expected to fill the Pre and Post Dialysis Communication form before and after Resident 69 went to dialysis and staff were to ensure the Dialysis Center Report was completed by the dialysis center. Staff 23 further stated it was the nurse's responsibility to ensure the forms were complete.</p> <p>On 4/9/25 at 11:53 PM Staff 22 (Resident Care Manager/LPN) stated nurses were expected to complete the Dialysis Communication forms and send with the resident to dialysis. Staff 22 stated staff were expected to ensure the Post Dialysis Assessment forms were completed after the resident returned from dialysis. Staff 22 reviewed the residents Dialysis Communication forms dated 3/4/25, 3/8/25, 3/11/25, 3/13/25, 3/25/25, 4/1/25, 4/5/25 and 4/8/25 and confirmed they were incomplete and was an ongoing problem.</p> <p>On 4/10/25 at 11:46 AM Staff 2 (DNS) and Staff 3 (Assistant DNS) confirmed nurses were expected to complete the Dialysis Communication forms and send with the resident to dialysis. Staff were expected to ensure the Post Dialysis Assessment forms were completed after the resident returned from dialysis. Staff 2 reviewed the residents Dialysis Communication forms dated 3/4/25, 3/8/25, 3/11/25, 3/13/25, 3/25/25, 4/1/25, 4/5/25 and 4/8/25 and confirmed they were incomplete. Staff 2 further stated the facility had not provided staff training related to dialysis.</p> <p>b. The 3/3/25 care plan indicated Resident 69 had acute edema (swelling caused by excess fluid trapped in the body's tissue) to her/his lower extremities. Staff to monitor and report any issues related to fluid overload to the nurse and physician. Staff not to leave a pitcher of water at Resident 69's bedside.</p> <p>The 3/4/25, 3/6/25 and 3/27/25 Dialysis Communication form instructed staff to limit Resident 69's fluid to 16 ounces a day.</p> <p>A 3/27/25 physician order indicated Resident 69 required a 1000 ml fluid restriction. The order instructed kitchen staff to provide 700 ml. The nursing staff was to provide 120 ml during the morning, evening shift and night shift was to provide 60 ml. The order instructed staff to notify the Resident Care Manager, DNS and provider each shift when the resident did not adhere to the ordered fluid restriction.</p> <p>The 3/29/25 Dialysis Communication form indicated Resident 69 required 1000 ml fluid restriction.</p> <p>The 3/2025 LNAR (Licensed Nurse Administration Record) related to fluid intake revealed Resident 69 consumed the following:</p> <p>Morning shift</p> <p>3/31/25 950 ml</p> <p>Evening shift</p> <p>3/29/25 480 ml</p> <p>3/30/25 460 ml</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3/31/25 240 ml</p> <p>Night shift</p> <p>3/29/25 480 ml</p> <p>3/31/25 1200 ml total</p> <p>No documentation was found in the resident's clinical record to indicate staff notified the Resident Care Manager, DNS or provider related to the resident not adhering to fluid restrictions. There was no evidence found to indicate an assessment was completed or staff were monitoring Resident 69's fluid overload.</p> <p>A 4/1/25 nursing note created by Staff 22 (Resident Care Manager/LPN) indicated Resident 69 required a additional dialysis appointment due to fluid overload.</p> <p>A 4/1/25 nursing note indicated staff posted a sign in Resident 69's room related to appropriate fluids for a renal diet.</p> <p>The 4/2025 LNAR fluid intake revealed Resident 69 consumed the following:</p> <p>Morning shift</p> <p>4/1/25 360 ml</p> <p>4/2/25 960 ml</p> <p>4/3/25 480 ml</p> <p>4/4/25 480 ml</p> <p>4/5/25 240 ml</p> <p>4/6/25 240 ml</p> <p>4/7/25 240 ml</p> <p>4/8/25 240 ml</p> <p>Evening shift</p> <p>4/1/25 240 ml</p> <p>4/4/25 640 ml</p> <p>4/5/25 480 ml</p> <p>4/6/25 180 ml</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>4/7/25 460 ml</p> <p>Night shift</p> <p>4/1/25 120 ml</p> <p>4/2/25 120 ml</p> <p>4/3/25 120 ml</p> <p>On 4/7/25 at 10:27 AM Resident 69 was observed in her/his room. The resident stated she/he attended dialysis three days a week but sometimes went more often due to fluid overload. Resident 69 stated she/he was on 1000 ml fluid restrictions. Multiple beverages were observed on the resident's bedside table, including a 600 ml cup of ice water. The resident stated she/he always kept a pitcher of ice water at her/his bedside and after the ice melted, would ask staff to refill it. No sign was posted in the resident's room to indicate she/he was on a fluid restriction.</p> <p>A 4/8/25 nursing note indicated Resident 69 returned from dialysis and needed to return to dialysis the following day due to fluid overload.</p> <p>A 4/9/25 physician order instructed staff to apply compression socks in the AM and remove them in the PM related to ESRD.</p> <p>On 4/8/25 at 9:05 AM Staff 24 (CNA) stated the resident went to dialysis three days a week but was unsure if the resident was on a fluid restriction. Staff 24 stated she would bring the resident water whenever she/he requested.</p> <p>On 4/8/25 at 2:33 PM Staff 25 (Lead CNA) stated Resident 69 attended dialysis three days per week and when she/he returned from dialysis she provided her/him 240 ml of fluid and an additional 240 ml at dinner. Staff 25 stated she did not monitor the resident legs for swelling and did not know if she/he was supposed to wear compression stockings (socks that apply gentle pressure to legs and ankles to help reduce swelling). Staff 25 stated she believed the resident was on an 1800 ml fluid restriction.</p> <p>On 4/8/25 at 4:30 PM Staff 26 (CNA) stated Resident 69 attended dialysis three days a week. Staff 26 stated she was not aware if the resident was on fluid restrictions or the specific amount of fluids the resident was permitted to consumed during the shift. Staff 26 stated if the resident requested fluids during her shift, she would provide fluids to the resident and document the amount consumed.</p> <p>On 4/8/25 at 4:28 PM Resident 69 stated she/he attended dialysis in the morning and had to have 2.7 liters of fluid removed. The resident further reported she/he was scheduled to return to dialysis the following day due to fluid overload. Resident 69 stated she/he did not have compressions socks on to help with the swelling. Resident 69 further stated she/he had a significant amount of fluid removed over the past few days. The following fluids were observed on the resident's bedside table:</p> <p>-one almost empty 120 ml cup of water</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-120 ml cup of fluid;</p> <p>-120 ml cup of fluid approximately half drank and;</p> <p>-600 ml cup of ice water with approximately 500 ml remaining.</p> <p>On 4/9/25 at 8:18 AM Resident 69 stated she/he had a shower but staff did not put on her/his sock or shoes. The resident's feet were observed to be red and swollen. The resident stated she/he did not have any socks in her/his room. Resident 69's breakfast tray had the following fluids:</p> <p>-600 ml pitcher of water;</p> <p>-120 ml apple juice;</p> <p>-Two 120 ml cups of water and;</p> <p>-8 oz of silk (soy) milk.</p> <p>On 4/9/25 at 11:27 AM Staff 23 (LPN) stated Resident 69 received dialysis three days a week. The resident was on 1000 ml fluid restriction, and staff were instructed not to leave a water pitcher on her/his bedside table. Staff 23 observed a 600 ml water cup on the resident's bedside table and noted there was no sign in the resident's room regarding her/his fluid restriction. Staff 23 acknowledged the picture of water on Resident 69's bedside table.</p> <p>On 4/9/25 at 11:53 PM Staff 22 (Resident Care Manager/LPN) indicated Resident 69 developed edema. Staff 22 stated nurses were expected to assess and monitor the resident's edema, but was unable to provide documentation indicating the resident was assessed or monitored. Staff 22 confirmed the resident's care plan indicated staff were not to leave water at the resident's bedside and acknowledged staff did not follow the care plan. Staff 22 reviewed the resident physician orders which instructed staff to notify the physician, DNS and Resident Care Manager per shift if the resident did not adhere to fluid restrictions.</p> <p>The following fluids were observed on the resident's bedside table:</p> <p>-800 ml cup ice water</p> <p>-120 ml cup of juice</p> <p>On 4/10/25 at 11:46 AM Staff 2 (DNS) reviewed the resident's physician orders and confirmed staff were not notifying the physician when the resident did not adhere to fluid restrictions. Staff 2 confirmed staff were not following fluid restrictions and did not monitor the resident's edema.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>50930</p> <p>Based on observation, interview and record review it was determined the facility failed to maintain a medication administration error rate of less than five percent. There were 4 errors in 29 opportunities resulting in a 13.79 percent error rate. This placed residents at risk for adverse medication side effects. Findings include:</p> <p>1. Resident 3 admitted to the facility in 11/2019 with diagnoses including seizures and multiple sclerosis.</p> <p>A 2/22/2025 quarterly MDS revealed Resident 3 had a BIMS score of three which indicated the resident had severe cognitive impairment.</p> <p>Resident 3's 2/2025 provider orders indicated Metoprolol Tartrate 25mg (a blood pressure medication) was to be given as 12.5mg twice daily with instructions to hold the medication for systolic blood pressure (top number in a blood pressure reading) below 110. Resident 3's provider orders indicated potassium chloride extended release 20meq (a supplement) was to be given one time a day with instructions to swallow whole, do not crush or chew, and do not allow to dissolve in the mouth.</p> <p>During an observation of medication administration for the 200-hall on 4/9/25 at 8:30 AM, Staff 11 (CMA) administered Metoprolol 12.5mg to Resident 3 after their blood pressure was recorded as 102/61. Staff 11 placed a potassium chloride 20meq tablet in a cup and poured a small amount of water on the pill which caused it to dissolve prior to administering it to Resident 3.</p> <p>A 4/9/25 review of Resident 3's health record revealed no indication the potassium chloride was ordered to be dissolved in water prior to administration.</p> <p>On 4/10/25 at 12:04 PM, Staff 2 (DNS) stated the expectation for administering blood pressure medications was for staff to take the blood pressure reading prior to administration and not administer the medication if the reading was outside the ordered parameters. She stated Resident 3's potassium chloride order did not indicate the pill was to be dissolved prior to administration.</p> <p>On 4/11/25 at 9:37 AM, Staff 22 (LPN Registered Care Manager) stated dissolving potassium chloride in water prior to administration was not the correct method and Resident 3's order for potassium chloride had no indication for it to be dissolved prior to administration.</p> <p>2. Resident 16 admitted to the facility in 4/2023 with diagnoses including diabetes and difficulty breathing.</p> <p>A 1/31/2025 quarterly MDS revealed Resident 16 had a BIMS score of 15 which indicated the resident was cognitively intact.</p> <p>During an observation of medication administration for the 500-hall on 4/9/25 at 9:08 AM, Staff 17 (CMA) noticed a small round brown pill on Resident 16's bedside table while administering medications and discarded it in the resident's trashcan. She stated she did not know what pill it was or when it was given to the resident.</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 4/10/25 at 12:04 PM, Staff 2 (DNS) stated the expectation for unidentified medications found in resident's rooms was for staff to bring the medication to a nurse or management for identification and destruction in the drug buster (liquid in a jug used to dissolve medications).</p> <p>On 4/11/25 at 9:37 AM, Staff 22 (LPN Resident Care Manager) stated the expectation for unidentified medications found in resident's rooms was for staff to bring her the pill for identification and destruction.</p> <p>3. Resident 30 admitted to the facility in 12/2024 with diagnoses including right leg fracture and diabetes.</p> <p>A 4/2/2025 comprehensive MDS revealed Resident 30 had a BIMS score of 14 which indicated the resident was cognitively intact.</p> <p>During an observation of medication administration for the 400-hall with Staff 30 (LPN) on 4/9/25 at 5:35 PM, a tube of Orajel (gel medication for tooth pain) was observed on Resident 30's bedside table.</p> <p>A 4/9/25 review of Resident 30's health record revealed no provider order for Orajel, and no self-administration assessment for Orajel.</p> <p>On 4/10/25 at 12:04 PM, Staff 2 (DNS) stated she was not aware of the Orajel in Resident 30's room. She stated the expectation for an over-the-counter medication at a resident's bedside was for an order to be placed and a self-administration assessment to be completed prior to the resident having the medication at their bedside.</p> <p>On 4/11/25 at 9:37 AM, Staff 22 (LPN Resident Care Manager) stated she was not aware Resident 30 had Orajel at their bedside. She stated an over-the-counter medication at a resident's bedside required a provider's order and a self-administration assessment prior to the resident having the medication.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385263	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/11/2025
NAME OF PROVIDER OR SUPPLIER  Regency Hermiston Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  970 W Juniper Avenue Hermiston, OR 97838	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>50930</p> <p>Based on observation, interview and record review it was determined the facility failed to ensure resident medications were not expired for 2 of 2 medication storage rooms and 2 of 3 medication carts reviewed for medication storage. This placed residents at risk for lack of medication efficacy and adverse reactions from expired medications. Findings include:</p> <p>The facility Medication Storage In The Facility policy, revised July 2021, indicated expiration dates on all medications were to be checked prior to administration, no expired medications were to be administered, and all expired medications were to be removed from the active supply and destroyed in the facility.</p> <p>During an observation of the 400-hall medication cart on 4/8/25 at 3:52 PM, the following were found:</p> <ul style="list-style-type: none"> <li>- One bottle of Geri Dryl 25mg tablets with an expiration date of 9/2024.</li> <li>- One bottle of ASA 81mg tablets with an expiration date of 8/2024.</li> <li>- One bottle of calcium 500mg + D 500mg tablets with an expiration date of 12/2024.</li> <li>- One bottle of melatonin 1mg tablets with an expiration date of 3/2025.</li> <li>- One bottle of acid reducer 10mg tablets with an expiration date of 3/2025.</li> <li>- One bottle of calcium 600mg +D3 10mcg tablets with an expiration date of 2/2025.</li> <li>- One bottle of Rena Vite tablets with an expiration date of 12/2023.</li> <li>- One bottle of ocular vitamin tablets with an expiration date of 1/2025.</li> <li>- One bottle of zinc 50mg tablets with an expiration date of 3/2025.</li> <li>- One bottle of calcium 600mg +D 5mcg tablets with an expiration date of 8/2024.</li> <li>- Two bottles of ASA 325mg tablets with an expiration date of 12/2024.</li> <li>- One bottle of prenatal vitamin tablets with an expiration date of 9/2024.</li> <li>- One bottle of ferrous gluconate 240mg tablets with an expiration date of 2/2025.</li> <li>- One bottle of acetaminophen 500mg/15ml liquid with an expiration date of 1/2025.</li> <li>- One box of Pepto Bismol chewable tablets with an expiration date of 3/2025.</li> </ul> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Regency Hermiston Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  970 W Juniper Avenue Hermiston, OR 97838	
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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> <li>- Two bottles of Multi Vite liquid with an expiration date of 1/2025.</li> <li>- One bottle of pink bismuth 525mg/30ml liquid with an expiration date of 2/2025.</li> <li>- One bottle of flaxseed 1,000mg tablets with an expiration date of 1/2025.</li> </ul> <p>On 4/8/25 at 4:12 PM, Staff 29 (CMA) stated the expectation for expired medications was they would be removed from the cart and destroyed.</p> <p>During an observation of the 500-hall cart on 4/8/25 at 4:17 PM, the following were found:</p> <ul style="list-style-type: none"> <li>- One bottle of Levetiracetam 100mg/ml liquid with an expiration date of 4/1/2025.</li> <li>- One bottle of acid reducer 10mg tablets with an expiration date of 3/2025.</li> </ul> <p>On 4/8/25 at 4:25 PM, Staff 3 (Assistant Director of Nursing) stated the expectation for expired medications was for them to be removed from the cart and discarded.</p> <p>During an observation of the 200/300/400-hall medication storage room on 4/8/25 at 4:35 PM, the following were found:</p> <ul style="list-style-type: none"> <li>- One bottle of acid reducer 10mg tablets with an expiration date of 3/2025.</li> <li>- Three bottles of ASA 325mg tablets with an expiration date of 12/2024.</li> <li>- Two bottles of ferrous gluconate 27mg tablets with an expiration date of 2/2025.</li> <li>- One bottle of ASA 325mg tablets with an expiration date of 2/2024.</li> </ul> <p>On 4/8/2025 at 4:47 PM, Staff 2 (DNS) stated the expectation for expired medications was for them to be destroyed and reordered.</p> <p>During an observation of the 100/500-hall medication storage room on 4/8/25 at 4:52 PM, the following were found:</p> <ul style="list-style-type: none"> <li>- Eight bottles of ASA 325mg tablets with an expiration date of 12/2024.</li> <li>- One bottle of ASA 325mg tablets with an expiration date of 2/2024.</li> <li>- Two bottles of ASA 325mg tablets with an expiration date of 4/2024.</li> <li>- One bottle of acid reducer 10mg tablets with an expiration date of 3/2025.</li> <li>- One bottle of Dakin's solution with an expiration date of 11/2023.</li> <li>- One tube of Ayr saline nasal gel with an expiration date of 1/2025.</li> </ul> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Regency Hermiston Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  970 W Juniper Avenue Hermiston, OR 97838	
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F 0761  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	On 4/8/25 at 5:16 PM, Staff 2 (DNS) stated the expectation for expired medications was for them to be destroyed and reordered.		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>46053</p> <p>Based on observation, interview and record review it was determined the facility failed to store food in a manner to prevent spoilage in 1 of 1 kitchen reviewed for sanitary practices. This placed residents at risk for foodborne illness. Findings include:</p> <p>The facility's Food Safety and Sanitation Policy and Procedure dated 2023 indicates:</p> <ul style="list-style-type: none"> <li>-All time and temperature control for safety foods should be labeled, covered and dated when stored; and</li> <li>-Perishable foods should be used prior to the use by date on the package.</li> </ul> <p>On 4/7/25 at 10:06 AM during a tour of the facility's Kitchen, the following was observed in the walk-in refrigerator:</p> <ul style="list-style-type: none"> <li>-a plastic container labeled, chicken noodle - use by 4/5;</li> <li>-a plastic container labeled, rice prep - use by 4/6;</li> <li>-a one-quart container of sauerkraut labeled, expires 4/4; and</li> <li>-two unlabeled and undated trays containing multiple prepared beverage cups: 28 cups of milk and 6 cups of apple juice.</li> </ul> <p>On 4/7/25 at 10:06 AM Staff 5 (Dietary Manager) acknowledged the items should not be in the refrigerator past their use by dates and should be thrown away. Staff 5 stated she expected trays of beverages to be labeled at the time they were placed in the refrigerator to avoid any confusion and maintain their freshness.</p> <p>On 4/7/25 at 10:28 AM an indiscernible and unlabeled piece of meat was observed wrapped in plastic on a shelf in the walk-in freezer. The meat was dark brown and had layers of ice under the plastic wrapping. Staff 5 acknowledged the item, stated it looked like a ham with freezer burn. Staff 5 stated she expected items to be thrown away before they reached that stage so the residents were served fresh meals.</p> <p>On 4/11/25 at 11:41 AM Staff 2 (DNS) stated she expected foods to be discarded in timely manner to ensure food safety and prevent food-borne illness. She also stated she expected food in freezer to be free from freezer burn.</p>		