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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385282 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/13/2024 |
| NAME OF PROVIDER OR SUPPLIER Regency Care of Central Oregon | | STREET ADDRESS, CITY, STATE, ZIP CODE 119 SE Wilson Avenue Bend, OR 97702 | |

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) |
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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50926</p> <p>Based on observation, interview, and record review it was determined the facility failed to provide a homelike environment for 15 of 32 sampled resident rooms observed for homelike environment. This placed residents at risk for unhomelike environment. Findings include:</p> <p>Observation on 9/9/24 at 1:43 PM and on 9/13/24 between the times of 8:44 AM and 9:16 AM revealed rooms 1, 3, 4, 5, 6, 15, 17, 20, 22, 24, 26, 27, 28, 33, and 35 had blinds with bent or missing slats.</p> <p>Resident 30 was admitted to the facility in 2/2024 with diagnoses of left-sided hemiplegia (weakness on the left side of the body).</p> <p>Resident 30's 6/2024 Quarterly MDS indicated the resident's cognition was intact.</p> <p>On 9/13/24 at 8:57 AM Resident 30 stated his/her blinds needed to be replaced due to the cord was stuck and some slats were bent.</p> <p>On 9/12/24 at 2:05 PM Staff 8 (Maintenance Director) confirmed the blinds in room [ROOM NUMBER] had missing slats and some were bent resulting in unhomelike environment. He stated broken blinds were an ongoing problem throughout the facility that he did not have the budget to replace.</p> <p>On 9/13/24 at 10:05 AM Staff 1 (Administrator) confirmed there were window blinds in disrepair resulting in an unhomelike environment.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>48830</p> <p>Based on observation, interview, and record review it was determined the facility failed to ensure respiratory equipment was maintained for 1 of 2 sampled residents (#5) reviewed for respiratory care. This placed residents at risk for increased risk for respiratory concerns. Findings include:</p> <p>Resident 5 was admitted to the facility in 2017 with diagnoses including COPD (a lung disease causing restricted airflow and breathing problems) and a dependence on supplemental oxygen.</p> <p>The 10/11/23 Annual MDS indicated Resident 5 was cognitively intact.</p> <p>Resident 5's physician order dated 7/9/24 revealed the oxygen concentrator filter was to be cleaned weekly.</p> <p>The 9/2024 TAR indicated the external filter was cleaned weekly and it was last completed on 9/9/24.</p> <p>On 9/10/24 at 9:16 AM the oxygen concentrator was observed to be powered on with no external filter on the back. Resident 5 stated she/he used the oxygen concentrator while in bed.</p> <p>On 9/10/24 at 9:50 AM Staff 6 (RN) stated the night nurse was to clean Resident 5's oxygen concentrator filter weekly and ensure a filter was in place.</p> <p>On 9/10/24 at 9:59 AM Staff 3 (RNCM) observed the oxygen concentrator and acknowledged the filter was not in place.</p> |