

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505075	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2024
NAME OF PROVIDER OR SUPPLIER Regency at the Park		STREET ADDRESS, CITY, STATE, ZIP CODE 1440 SE Garrison Village Way College Place, WA 99324	
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 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>00242</p> <p>Based on interviews and record review the facility failed to complete a performance review at least once every 12 months as required, for 4 of 4 Nursing Assistants (NAs) (Staff B, C, D, E) reviewed for performance reviews. The failure to complete annual performance reviews placed residents at risk for unmet care needs from potentially unqualified staff.</p> <p>Findings included .</p> <p>On 05/22/2024 at 3:00 PM a list of NA personnel records that included the dates of hire and annual performance reviews were requested from Staff A, Administrator. The records showed the following:</p> <p>Staff B - date of hire was 09/28/2016; last performance review was on 09/28/2020</p> <p>Staff C - date of hire was 04/15/2020; last performance review was on 07/16/2022</p> <p>Staff D - date of hire was 10/29/2021; last performance review was on 07/19/2022</p> <p>Staff E - date of hire was 02/27/2023; no performance review completed</p> <p>On 05/22/2024 at 3:00 PM Staff A, stated they were aware there were performance reviews that had not yet been completed on staff. The facility had recently implemented a new system to track performance reviews to ensure they were completed in a timely manner.</p> <p>Reference (WAC) 388-97-1680(2)(b)</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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