STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505303	A. Building B. Wing	08/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Omak	901 Shumway Rd Omak, WA 98841

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47328 Based on interview and record review the facility failed to develop and implement a system to evaluate agency/contracted staff competencies in skills and techniques to ensure staff provided necessary care and respond to each resident's individualized needs for 1 of 4 sampled staff (Staff I), reviewed for nursing services. This failure resulted in ineffective communication with Resident 1 that made them feel uncomfortable, placed residents at risk of unmet care needs and diminished quality of life. Findings included . Review of the facility policy titled, Resident Rights dated 11/2016, showed residents had the right to receive care and treatment with respect and dignity that promotes maintenance or enhancement of their quality of life and individuality. Review of the facility policy titled, Abuse/Neglect/Misappropriation/Exploitation dated 10/2017, showed the facility would train employees at orientation, annually, and as needed on what constitutes abuse and neglect, how to report potential abuse, how to recognize signs of staff burn out that may lead to abuse, and how to deal with catastrophic resident reactions. The policy further showed the facility would supervise staff in order to identify inappropriate behaviors such as using derogatory language, rough handling, ignoring residents while providing care, or not attending to resident needs. Review of the facility policy titled, Code of Business Conduct and Compliance Guide dated 2013, showed staff including independent contractors conducting business with the facility, were expected to achieve the highest ethical standards of conduct. The policy showed all staff were to read, understand, and follow the policy daily by being sensitive to and respectful of concerns, values, and preferences of others, including employees, residents and their families. All employees were to undergo annual compliance training that contained any new, updated, revised information, policies, or procedures regarding resident care, billing, documentation, confidentiality, privacy, security, and other pertinent compliance related policies and procedures. The policy further showed the facility established social media policies and procedures for the reasonable use of social media including social networking forums, personal communication devices and other media used by employees in or outside of the facility to ensure rights of all residents, employees, family members, and vendors were protected. Every employee was expected to know what those policies were and to fully comply with them while working for the company. (continued on next page)

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility policy titled, Our Culture, Our Values, Our Standards of Performance dated 2017, showed the facility would seek to facilitate open and honest communication to create an environment of mutual respect and understanding. The facility would treat customers, family members, and coworkers with warmth, dignity, and respect by being considerate, responsive and kind during interactions. The policy expected each employee to commit to the facility standards of performance. Review of the quarterly assessment, dated 06/16/2024, showed Resident 1 admitted to the facility on [DATE] with diagnoses including anxiety (feeling of fear, dread, or uneasiness), depression (persistent low mood, loss of interest, and difficulty doing normal activities), and chronic pain. The assessment further showed Resident 1 was cognitively intact, had adequate hearing, understood others, and was able to verbalize their needs. Review of the 04/04/2024 care plan showed Resident 1 had a potential alteration in psychosocial well-being related to being a survivor of a traumatic event and a significant/traumatic health history. The care plan instructed staff to provide active listening, acknowledge non-verbal communication, inform Resident 1 prior to touching them or providing care. The care plan revised 04/30/2024 showed Resident 1 was at risk of experiencing behavioral symptoms related to anxiety, depression, adjustment to their current situation, verbal outbursts with care team members, confabulation, and care concerns. The care plan instructed staff to administer medications as ordered, approach resident in a clam manner, praise positive behaviors or improvements, provide cares in pairs when possible related to frequent care concerns, notify care manager or social services when behaviors occur, explain all procedures before starting and allow resident time to adjust. Review of the 07/07/2024 facility incident report investigation showed Resident 1 felt uncomfortable on 07/05/2024 after Staff I, Licensed Practical Nurse (LPN), made inappropriate comments about Resident 1's body and their body's physical response to the application of a cold pain patch. The 07/08/2024 incident summary note showed Staff I did not deny the alleged conversations with Resident 1 and stated they had always bantered back and forth with Resident 1 in that manner. The summary further showed Staff I's alleged statements were made as initially reported by Resident 1 and unprofessional conduct was substantiated. Review of Staff I's facility personnel file showed no documentation Staff I was evaluated for skills and/or competencies, received any training regarding facility policies and procedures or was given performance expectations. In an interview on 07/09/2024 at 11:34 AM, Resident 1 stated on 07/05/2024 Staff I, LPN, made a comment about Resident 1's body's response to the application of a cold pain patch that made Resident 1 feel uncomfortable. In an interview on 07/09/2024 at 2:27 PM, Staff C, LPN, stated Staff I was not 100% professional when at work and verbalizing unprofessional comments mostly directed towards staff. In an interview on 07/09/2024 at 2:29 PM, Staff D, Social Service Director, acknowledged Resident 1 reported Staff I made a comment, during an application of a patch, that made Resident 1 feel uncomfortable. (continued on next page)

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 07/09/2024 at 2:37 PM, Staff B, Director of Nursing (DNS), stated they recently became aware Resident 1 had been having personal communication with Staff I via text messaging (sending short electronic messages between mobile devices). Staff B further stated they informed Staff I of the allegation made by Resident 1 on 07/05/2024 and Staff I did not deny the allegation. In an interview on 08/06/2024 at 10:28 AM, Staff E, Nursing Assistant, stated the facility used agency nursing staff but was unsure how they were trained or how the facility ensured they had the required skills to provide resident care. Staff E stated facility staff received routine education, which included education on abuse and communication. Staff E further stated staff were expected to act professionally and maintain professional boundaries to include communicating with residents professionally and knowing how to appropriately redirect residents with inappropriate behaviors. Staff E acknowledged staff should not act or communicate with residents in a manner that could be perceived as unprofessional, a violation of their resident rights and/or potentially abusive. In an interview on 08/06/2024 at 10:37 AM, Staff F, Registered Nurse, stated nursing staff hired by the facility typically shadowed experienced facility staff and completed a three page check off sheet as part of the new hire process. Staff F further stated the facility used agency nurse staff but was unsure how the facility determined if agency nurses had the appropriate skills prior to being assigned a work assignment and providing direct resident care. Staff F acknowledged staff were expected to act and communicate with residents in a professional, kind, competent, and respectful manner; staff were not to act or communicate with residents in a manner that could be perceived as unprofessional, a violation of their resident rights and/or potentially abusive. In an interview on 08/06/2024 at 10:54 AM, Staff H, Staff Development, stated there were different staff trainings scheduled monthly, training was reviewed during the all-staff meetings with mandated attendance for facility staff and encouraged attendance for agency staff. Staff H acknowledged this was the first year the facility used agency nursing staff and the onboarding process was not well developed. Staff H further stated staff were expected to act and communicate with residents in a professional manner at all times while maintaining professional boundaries such as not exchanging phone numbers and staff should not act or communicate with residents in a manner that could be perceived as unprofessional, violations of a resident's rights, and/or potentially abusive. Staff H further added it was not professional for Staff I to exchange phone numbers with Resident 1. In a follow-up interview on 08/06/2024 at 11:52 AM, Staff B, DNS, stated new facility staff completed a new hire check off sheet during their orientation but was unaware if agency staff completed the same onboarding form. The facility provided staff education on communication styles and professionalism with a pre/posttest that every staff was required to completed. Staff B further stated they expected staff to act and communicate with residents in a professional manner at all times, staff should not have personal relationships with residents, should not share personal information, should not keep resident secrets from the facility, and/or should not befriend residents on social media. Staff B stated Staff I refused to give a statement related to Resident 1's allegation. Staff B acknowledged it was not appropriate for Staff I and Resident 1 to text. (continued on next page)

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 08/06/2024 at 12:10 PM, Staff A, Administrator, acknowledged the facility used agency nursing staff but they only received safety orientation that reviewed the facilities emergency preparedness plan, there was no other new hire orientation or skill evaluation completed for agency staff. Staff A stated staff were expected to act and communicate with residents kindly, considerately, respectfully, and professionally. Staff A further added staff were there to provide residents with care that enriched their lives without crossing professional boundaries such as befriending residents on social media or text messaging them; staff were professionals providing a service not resident friends and needed to be mindful of how they communicated with residents. Reference WAC 388-97-1080 (1), 1090 (1)