

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2025
NAME OF PROVIDER OR SUPPLIER Regency Care Center at Monroe		STREET ADDRESS, CITY, STATE, ZIP CODE 1355 West Main Street Monroe, WA 98272	

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 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>Based on interview and record review the facility failed to have a system in place that ensured grievances were addressed and resolved in response to residents' verbal conveyance of concerns for 6 of 6 resident council's (October 2024, December 2024, January 2025, March 2025 and April 2025), who verbalized complaints during Resident Council (RC) meeting and failed to follow the grievance process for 1 of 1 residents (Resident 47) who voiced grievances of missing pants. These failures led to residents repeatedly reporting the same issues without resolution and placed them at risk of feeling frustrated, unimportant, with diminished self-worth and decreased quality of life.</p> <p>Findings included .</p> <p>In a review of the facility policy titled, Grievance Procedure showed the facility would have a process in place for notification, identification, and follow up of resident/resident representative grievances in a timely manner. The facility would utilize their grievance form and ensure that all written grievances decisions included the date the grievance was received, summary of the grievance, steps taken to investigate the grievance, the findings of the grievance and the date of the written decision related to the grievance.</p> <p>Review of RC minutes for the previous six months showed:</p> <p>October 2024</p> <p>Minutes showed the attending residents voiced the evening trash containers becoming too full.</p> <p>November 2024</p> <p>Minutes showed the attending residents voiced they would like more shower aides, the nursing staff needed to be more mindful of noise at night when providing care to their roommates, and beds needed to be made timelier.</p> <p>December 2024</p> <p>Minutes showed the attending residents voiced the nursing assistants were not getting messages to the nurses when they needed their care.</p> <p>January 2025</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2025
NAME OF PROVIDER OR SUPPLIER Regency Care Center at Monroe		STREET ADDRESS, CITY, STATE, ZIP CODE 1355 West Main Street Monroe, WA 98272	
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Minutes showed the attending residents voiced they were itching as result of the laundry detergent.</p> <p>April 2025</p> <p>Minutes showed the attending residents voiced the staff at night were loud.</p> <p>In a group interview on 05/02/2025 at 2:30 PM with residents that attended RC (Resident 1, 3, 8, 10, 13, 14, 35, 36, 38, 39, 41, 47, 51, 55, 57, and 63) stated review of the prior RC's meeting minutes occurred, however there was not follow up on the grievances brought up during the council meeting.</p> <p>In review of the noted grievances from RC minutes October 2024-April 2025, the residents stated they had not received notification or status of the resolution to the grievances from the prior month.</p> <p>In a review of the facility's grievance log from November 2024 through May 5, 2025 there were no documented grievances from resident council or Resident 47.</p> <p>On 05/02/2025 at 2:43 PM Resident 47 stated they had lost all of their pants while at the facility, with no resolution. Resident 47 stated they had told their aides and laundry staff.</p> <p>In an interview on 05/05/2025 at 3:08 PM Staff V, Activities Director, stated they attended all of the RC meetings for the last six months. When asked about how the grievance process was explained in RC, Staff V stated they explain to the residents there are yellow forms (grievance forms) that can be filled out and if they can't fill them out then staff can assist them. Staff V stated if a laundry item is said to be missing, they will try to find it and if they are unable to locate it then they will complete a grievance form. Staff V stated they fill out grievance forms from grievances brought up in RC sometimes, but it had been a while. Staff V stated they review the resident council minutes with Staff A, Administrator, within 48 hours and will communicate with department heads as needed. Staff V stated the most recent grievance voiced at RC was related to noise level in the hallways at night and they reviewed the concern in the morning meeting. Staff V stated they followed up with the RC president but had not filled out a grievance form.</p> <p>In an interview on 05/07/2025 at 9:19 AM Staff L, Nursing Assistant Certified (NAC), stated Resident 47 had told them about missing their pants and they went to the laundry and found them. Staff L stated they had not filled out a grievance form for Resident 47 and had not offered them a grievance form to fill out. When asked when a grievance form would be filled out Staff L stated when a resident becomes really mad about something or if there are resident concerns about staff. Staff L stated the social worker follows up on missing items.</p> <p>In a follow up interview on 05/07/2025 at 9:40 AM Staff L provided additional information, stating the grievance forms are used primarily for the family of the residents.</p> <p>In an interview on 05/07/2025 at 10:02 AM Staff W, Housekeeping Supervisor stated if there was missing resident clothing, they checked the resident's inventory sheet to see if the item was listed. If they are unable to find the item, they report it to the social services director and they fill out a grievance form.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2025
NAME OF PROVIDER OR SUPPLIER Regency Care Center at Monroe		STREET ADDRESS, CITY, STATE, ZIP CODE 1355 West Main Street Monroe, WA 98272	
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 05/07/2025 at 10:13 AM Staff X, Social Services Director, stated they were the designated grievance official of the facility. Staff X stated the grievance process included, someone reported something missing, a grievance form is filled out, a room search is completed and report to laundry and housekeeping is done. Staff X stated they would also check laundry to see if they were able to find the missing item. Staff X stated the missing item could not be found, then contact would be made with the residents' family and see if they could purchase the item, or the facility could purchase the item for them. Staff X stated they don't attend the resident council meetings. Staff X stated if a grievance form was given to them, they would follow up on it right away. Staff X stated they were not provided with a grievance form for Resident 47's missing pants.</p> <p>Reference WAC 388-97-0460</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2025
NAME OF PROVIDER OR SUPPLIER Regency Care Center at Monroe		STREET ADDRESS, CITY, STATE, ZIP CODE 1355 West Main Street Monroe, WA 98272	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** &it;RESIDENT 273&gt;</p> <p>Resident 273 admitted to the facility on [DATE].</p> <p>In an interview on 05/01/2025 at 10:25 AM, Resident 273 stated they fell the day after the admission and they hurt their hip.</p> <p>In an interview on 05/05/2025 at 9:27 AM, Resident 273 stated they fell three months ago.</p> <p>Review of the electronic health record (EHR) showed Resident 273 had a fall in their room on 04/25/2025 and complained increased pain in the right hip on the next day.</p> <p>Review of Resident 273's fall risk evaluation on admission, dated 04/24/2025 at 1:45 PM, showed Resident 273 had one to two falls in the past three months.</p> <p>Review of Resident 273's admission MDS, dated [DATE], documented Resident 273 did not have a fall in the last month prior to admission, in the last two to six months prior to admission, or no fall since admission. The care area assessment (CAA) related to fall was not triggered as no fall indicated in the MDS.</p> <p>In an interview on 05/05/2025 at 10:58 AM, Staff H stated they did not review Resident 273's EHR. Staff H reviewed the fall risk assessment and progress notes, stated the MDS was not accurate and needed to be modified.</p> <p>&it;RESIDENT 275&gt;</p> <p>Resident 275 admitted to the facility on [DATE].</p> <p>In an interview on 05/01/2025 at 12:50 PM, Resident 275 stated they had two to three falls during the last six months prior to admission. Resident 275 stated they fell in the facility the day after admission.</p> <p>Review of the EHR showed Resident 275 had a fall in the facility on 04/25/2025 at 10:20 PM.</p> <p>Review of Resident 275's fall risk evaluation, dated 04/25/2025 at 1:20 PM, showed Resident 275 had one to two falls in the past three months.</p> <p>Review of Resident 275's admission MDS, dated [DATE], documented Resident 275 did not have a fall in the last month prior to admission, in the last two to six months prior to admission, or no fall since admission. The care area assessment (CAA) related to fall was not triggered as no fall indicated in the MDS.</p> <p>In an interview on 05/05/2025 at 10:58 AM, Staff H stated they did not review Resident 275's EHR. Staff H reviewed the fall risk assessment and progress notes, stated the MDS was not accurate and needed to be modified.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2025
NAME OF PROVIDER OR SUPPLIER Regency Care Center at Monroe		STREET ADDRESS, CITY, STATE, ZIP CODE 1355 West Main Street Monroe, WA 98272	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 05/06/2025 at 11:51 AM, Staff B, Director of Nursing Service, stated they expected the MDS to be completed accurately.</p> <p>Reference WAC 388-97-1000 (1)(b)</p> <p>Based on interview and record review, the facility failed to ensure that the Minimum Data Set (MDS - an assessment tool) assessments were accurate for 3 of 18 residents reviewed for assessments. Failure to ensure accurate assessments regarding the active diagnosis (Resident 38) and fall history and fall incident in the facility (Residents 273 and 275) placed residents at risk for not receiving appropriate interventions and care and diminished quality of life.</p> <p>Findings included .</p> <p>&lt;RESIDENT 38&gt;</p> <p>Resident 38 was admitted to the facility on [DATE]. According to the quarterly MDS assessment, dated 04/08/2025, the resident had a diagnosis of Schizophrenia (a mental disorder that affects a person's ability to think, feel and behave clearly) and did not receive any antipsychotic medication (medication to help reduce psychotic symptoms like hallucinations, delusions, and disordered thinking.)</p> <p>In a review of diagnoses list on 05/02/2025, Resident 38 had a schizoaffective disorder - Bipolar type (mental health condition characterized by the combined presence of symptoms of both Schizophrenia and mood disorder) was added to their diagnosis on 08/25/2022.</p> <p>In a joint interview on 05/05/2025 at 9:25 AM, Staff F, Licensed Practical Nurse (LPN)/Resident Care Manager (RCM) and Staff G, LPN/RCM stated they were both familiar with Resident 38. They were not aware how the schizoaffective disorder was added to residents' diagnoses. They were not able to provide documentation on how the resident was diagnosed with schizoaffective disorder.</p> <p>In an interview on 05/05/2025 at 9:38 AM, Staff H, Registered Nurse (RN)/MDS Coordinator, stated that they were not sure how the schizoaffective disorder was added to Resident 38's diagnosis list. They will review the residents' chart and will get back with me.</p> <p>In an interview on 05/05/2025 at 2:17 PM, Staff H stated that after reviewing Resident 38's chart, they thought it was a transcription issue that the schizoaffective disorder -bipolar type was added to residents' diagnoses. They stated that the former MDS Coordinator was trying to add Bipolar Type diagnosis, and they clicked on the schizoaffective disorder -bipolar type code by mistake.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2025
NAME OF PROVIDER OR SUPPLIER Regency Care Center at Monroe		STREET ADDRESS, CITY, STATE, ZIP CODE 1355 West Main Street Monroe, WA 98272	
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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide the necessary care and services to ensure residents' abilities in activities of daily living (ADLs) did not diminish. The facility failed to provide showers/bathing to 1 of 3 residents (Resident 63) reviewed for ADLs. This failure placed residents at risk for avoidable decline, unmet needs and a diminished quality of life.</p> <p>Findings Included .</p> <p>Resident 63 admitted to the facility on [DATE] with diagnoses to include fracture of the pelvis, chronic pain, and spinal stenosis (narrowing I the spinal canal which leads to compression on the spinal cord).</p> <p>In an interview on 05/01/2025 at 10:32 AM Resident 63 stated they would like more than one shower a week. Resident 63 stated they were admitted to the facility around Thanksgiving time and there was a time when they did not get a shower for almost two full weeks.</p> <p>Review of Resident 63's care plan dated 11/18/2024, documented that they had a deficit in performing their bathing/showering due to a recent fall with rib and pelvis fracture and generalized weakness. As of 12/12/2024 Resident 63 required supervision/touch of one person to assist with their shower/bathing.</p> <p>Review of the Document Survey report v2 (charting of the NAC) for showers for November 2024 showed Resident 63 had a total of two showers, but no showers from admission, 11/18/2024 through 11/28/2025, a total of 10 days without a shower.</p> <p>In an interview on 05/06/2025 at 1:13 PM Staff U, Nursing Assistant Certified/Shower Aide, stated when a new admission comes to the facility, the nurse managers coordinate with them and where to put them on the shower schedule. Staff U stated the main reason showers were not completed was related to resident refusals. Staff U stated they attempt to encourage the residents to complete their showers and reapproach them at least three times. Staff U stated residents are scheduled for showers at the minimum of once a week. Staff U stated showers are documented in the electronic health record system. Staff U stated they believed Resident 63 to get a shower once to twice weekly.</p> <p>In an interview on 05/06/2025 at 1:25 PM Staff B, Director of Nursing Services, stated residents are placed on a shower schedule based on their room. Staff B stated if a resident had a preference or special request for showers they would adjust the schedule. Staff B stated the expectation of the staff was they were offered and given a shower. Staff B stated they review a weekly report on showers. Staff B stated they would review Resident 63 for documentation to show showers were provided after they admitted for the month of November 2024. No other information was provided.</p> <p>Reference WAC 388-97-1060(2)(a)(i)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2025
NAME OF PROVIDER OR SUPPLIER Regency Care Center at Monroe		STREET ADDRESS, CITY, STATE, ZIP CODE 1355 West Main Street Monroe, WA 98272	

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 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide proper treatment to maintain vision for 1 of 1 resident (Resident 7) reviewed for vision. This failure placed residents at risk for decline in the ability to see and diminish quality of life.</p> <p>Findings include .</p> <p>Resident 7 was admitted to the facility on [DATE] with admitting diagnoses to include Cataract (clouding of the lens of the eye), Diabetes Mellitus Type 2 (persistently high blood sugar levels). According to the quarterly Minimum Data Set (MDS - an assessment tool) assessment dated [DATE], the resident was cognitively intact, wears glasses and had adequate vision.</p> <p>In an interview on 05/01/2025 at 10:45 AM, Resident 7 stated that they wanted to get their eyes checked and that they might need new glasses. They don't remember the last time they had an eye exam.</p> <p>In a record review on 05/05/2025, it was documented that Resident 7 received new prescription eyeglasses in September 2021.</p> <p>In an interview on 05/05/2025 at 2:23 PM, Staff G, Licensed Practical Nurse (LPN)/Resident Care Manager (RCM) stated that on admit, they assess residents for vision and for long term care residents, they ask about vision during care conferences. Staff G stated that they have an optometrist that comes to their facility to do eye exams and that the Medical Records staff was the one that arranges it. When asked how residents get on the list to be seen by optometrist and Staff G stated when a resident or family requests or when they mention it in care conferences.</p> <p>In an interview on 05/05/2025 at 2:30 PM Staff I, Medical Records, stated they have a binder for the optometrist to look at and the optometrist only comes when there's 6 residents or more on the list. Staff I stated that the optometrist came to the facility last April and they think they will be back in June. Staff I stated that the optometrist keeps a list of residents that they need to see the next year. Staff I stated that Resident 7 was last seen by optometrist in 2021, and they would add them to the list to be seen.</p> <p>In a record review on 05/05/2025 Resident 7's Optometry note dated 07/20/2021 documented that they recommend resident to see an optometrist in 1 year. No further optometry notes seen in the chart or provided.</p> <p>In an interview on 05/06/2025 at 1:25 PM, Resident 7 stated that they were having a hard time reading the letterings on their TV even when they wear their eyeglasses. They think they informed a staff member about their vision issues a few weeks ago but were unsure who the staff was.</p> <p>In an interview on 05/07/20250 at 8:57 AM, Staff L, Nursing Assistant Certified (NAC) stated that when a resident complains of their eyeglasses not helping with their blurry vision, they will make sure the eyeglasses were clean first and ask if it helped and if the resident still complains of blurry vision, then they notify the nurse. Staff L stated they were unaware Resident 7 was having vision issues.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2025
NAME OF PROVIDER OR SUPPLIER Regency Care Center at Monroe		STREET ADDRESS, CITY, STATE, ZIP CODE 1355 West Main Street Monroe, WA 98272	
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 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 05/07/2025 at 9:12 AM Staff M, LPN stated that if a resident complains of blurry vision or eyeglasses not working, they add the resident to the list to be seen by optometrist that comes to the facility. Staff M stated they were unaware Resident 7 was having vision issues.</p> <p>In an interview on 05/07/2025 at 9:21 AM, Staff H, Registered Nurse (RN)/MDS Coordinator stated that when they assess for vision for MDS on residents that were alert, they have residents read some papers in their room and ask things in their surroundings to check if they can see them. When asked if they remember if Resident 7 mentioned any issues with their vision and Staff H stated they don't remember the resident mentioning they had any issues.</p> <p>In an interview on 05/07/2025 at 10:00 AM, Staff H, RN/MDS Coordinator stated that they went and talked to Resident 7 and had the resident read their tablet and was able to do that, but resident was having issues reading letters on the TV with their eyeglasses. Staff H stated they will add the resident to the list of residents to be seen by the optometrist.</p> <p>In a joint interview on 05/07/2025 at 10:22 AM with Staff B, Director of Nursing Services and Staff C, Regional Nurse, Staff B stated that when a resident or family member report concerns of their vision they would add the resident to the list of residents to be seen by optometrists. Their MDS Coordinator assesses residents' vision during their MDS window and will add residents on the list if they identified vision issues. Staff C stated that they also ask about residents' vision during care conferences.</p> <p>Record review of Resident 7's care conference dated 04/17/2025 showed under accommodation of needs and under letter b for eyeglasses and other visual appliances were left blank and at the bottom the not applicable was checked.</p> <p>Reference WAC 388-97-1060(3)(a)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2025
NAME OF PROVIDER OR SUPPLIER Regency Care Center at Monroe		STREET ADDRESS, CITY, STATE, ZIP CODE 1355 West Main Street Monroe, WA 98272	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure effective interventions were implemented to maintain adequate nutrition for 1 of 2 sampled residents (Resident 275) reviewed for nutrition. This failure placed the residents at risk for ongoing poor oral intake, weight loss, poor nutrition and potential harm.</p> <p>Findings included .</p> <p>Review of the facility's policy titled, Nutrition and Hydration Maintenance, revised date 06/2024, showed the nutrition assessment would include:</p> <ul style="list-style-type: none"> - History of food and fluid intake - Refusal of meals and poor intake - Resident preferences <p>- If a resident refuses a meal or consumes less than 50%, a meal substitute will be offered.</p> <p>Resident 275 was admitted to the facility on [DATE]. According to the admission Minimum Data Set (MDS-an assessment tool) assessment, dated 04/28/2025, Resident 275 was cognitively intact and complained about difficulty or pain when swallowing.</p> <p>In an observation and interview on 05/01/2025 at 12:32 PM, observed Resident 275 consumed 25% of the meal. Resident 275 stated they only ate a bit of meatloaf which was too salty, and a few bites of mashed potatoes, veggies and roll, and ate a tiny bit of the fruit cup which tasted very fishy. Resident 275 stated they had lost their sense of smell and taste, so they did not have appetite. Resident 275 stated the nurse had not asked them if they would like any substitute.</p> <p>In an interview on 05/01/2025 at 12:37 PM, Collateral Contact (CC1) stated Resident 275 only ate one quarter of the lunch and always had very poor intake." CC1 stated Resident 275 consumed less than 50% of the meals more than half of the times. CC1 stated they brought home cooked food, but Resident 275 still did not eat much.</p> <p>In an observation on 05/01/2025 at 12:37 PM, Staff Z, Nursing Assistant Certified (NAC), came into Resident 275's room and collected the lunch plate and was not observed to encourage Resident 275 to eat or ask if resident wanted any substitute.</p> <p>In an observation and interview on 05/02/2025 at 12:32 PM, observed Resident 275 consumed less than 25% of the lunch. Resident 275 stated they ate a couple of bites of everything and they did not like the lunch. "</p> <p>In an observation on 05/02/2025 at 12:36 PM, observed Staff AA, NAC, came in the room and collected the lunch tray and was not observed to encourage Resident 275 to eat or offer any substitute.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2025
NAME OF PROVIDER OR SUPPLIER Regency Care Center at Monroe		STREET ADDRESS, CITY, STATE, ZIP CODE 1355 West Main Street Monroe, WA 98272	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an observation and interview on 05/05/2025 at 12:22 PM, observed Resident 275 had consumed less than half of the lunch. Resident 275 stated they preferred the food to have more colors to make it more appetizing. CC1 stated Resident 275 only ate one quarter to one third of the meal, which was the usual intake amount. CC1 stated no staff had offered any substitute. CC1 stated they brought in protein drinks, and nobody had been offering them to the resident. Resident 275 stated they asked one nurse for the protein drink this morning but they did not get it. CC1 stated they were very worried about Resident 275's meal intake and weight stability.</p> <p>In an observation, interview and record review on 05/05/2025 at 12:43 PM, Staff Z collected the lunch tray from Resident 275's room and was not observed to encourage the resident to eat or offer any substitute. Staff Z stated Resident 275 ate about 40% of the lunch. Review of Resident 275's [NAME] (an instruction for NAC's care provided) documented to offer meal substitute if resident eats less than 50%. Staff Z stated they did not offer any meal substitute to Resident 275.</p> <p>Review of Resident 275's meal monitor record dated 04/24/2025 to 05/05/2025, documented Resident 275 only had three meals consumed less than 50% which were lunch and dinner on 04/28/2025 and lunch on 05/05/2025. The two lunches observed when Resident 275 ate less than 50% on 05/01/2025 and 05/02/2025 were documented 51-75% on 05/01/2025 and 76-100% on 05/02/2025.</p> <p>Review of Resident 275's care plan, print date 05/02/2025, showed Resident 275 was at risk for nutritional problems. One intervention was to offer a meal substitute for less than 50% meal consumption or refusal.</p> <p>Review of provider progress notes dated 04/29/2025 at 10:33 AM and 05/02/2025 at 12:31 PM, documented Resident 275 had diagnosis of malnutrition (a condition due to poor food intake).</p> <p>Review of Resident 275's electronic health record (EHR) from 04/24/2025 until 05/05/2025 at 12:00 PM, there was no documentation about food preferences. There was no documentation until the surveyor brought it to their attention.</p> <p>Review of a hospital nutrition therapy note, dated 04/19/2025, documented Resident 275 needed a lot of encouragement to eat, and their spouse made them protein shakes every morning. The hospital dietitian recommended to give protein shake three times a day.</p> <p>In an interview on 05/06/2025 at 9:49 AM, Staff BB, Licensed Practice Nurse/Resident Care Manager, stated they were not aware why the aides documented inaccurately on the two lunches when surveyor observed documentation to be inaccurate on 05/01/2025 and 05/02/2025.</p> <p>In an interview on 05/06/2025 at 11:53 AM, Staff B, Director of Nursing services, stated they expected nurses to document accurately on meal intake and offer meal substitute or supplement accordingly.</p> <p>In an interview and record review on 05/06/2025 at 1:31 PM, Staff CC, Registered Dietician, stated in Resident 275's nutrition assessment, they documented Resident 275's meal intake Good, generally 51-75% x 5d per documentation according to the aides documented meal intake record. Staff CC stated they did not interview Resident 275 and/or the family about the history and overall meal intake. Staff CC stated they were not aware that the aide documented inaccurately, and Staff CC thought Resident 275 had good meal intake based on the documentation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2025
NAME OF PROVIDER OR SUPPLIER Regency Care Center at Monroe		STREET ADDRESS, CITY, STATE, ZIP CODE 1355 West Main Street Monroe, WA 98272	

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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reference WAC 388-97-1060 (3)(h)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2025
NAME OF PROVIDER OR SUPPLIER Regency Care Center at Monroe		STREET ADDRESS, CITY, STATE, ZIP CODE 1355 West Main Street Monroe, WA 98272	
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure 1 of 1 resident (Resident 11) reviewed for hemodialysis (medical procedure that uses a machine to filter and clean the blood when the kidneys are failing) had consistent, completed and accurate assessments on the dialysis communication form (a form containing vital information about the resident which is sent to dialysis center for coordination of care and services) and failed to have a care plan that provided an accurate description of where their access site (a location on the resident's body in which the dialysis process is done) was located. These failures placed the resident at risk for medical complications, confusion among their medical providers, and unmet care needs.</p> <p>Findings Included .</p> <p>Resident 11 was admitted to the facility on [DATE] with diagnoses to include End Stage Renal Disease and was receiving hemodialysis.</p> <p>In an interview on 05/05/2025 at 11:31 AM, Staff F, Licensed Practical Nurse (LPN)/ Resident Care Manager (RCM) stated that Resident 11's dialysis access site was in the femoral (groin) and it was a port (a surgically implanted device), and the dialysis center were the ones that accesses the site.</p> <p>In an interview on 05/06/2025 at 9:50AM, Staff M, LPN stated that Resident 11 goes to the dialysis center every Tuesdays, Thursdays and Saturdays, they leave at around 5:30 AM and the NOC shift nurse was the one that fills out the dialysis communication form. Staff M stated that Resident 11 has a port in his groin for the dialysis access site and has a dressing. When the resident comes back from dialysis, the NAC will get residents' weight and vital signs. If there's changes or follow ups, the dialysis center will call the facility and if they have questions they call the dialysis center.</p> <p>Record review of the dialysis communication forms on 05/06/2025 showed that on dates: 03/16/25, 03/22/25, 03/25/25, 03/27/25, 04/01/25, 04/03/25, 04/05/25, 04/08/25, 04/15/25, 04/19/25, 04/26/25, 05/01/25, 05/03/25 the licensed nurse documented + bruit (swishing and whooshing sound using a stethoscope over a fistula [a surgically created connection between an artery an a vein usually used as an access site for hemodialysis] indicating turbulent flow) and thrill (palpable vibratory sensation felt over the fistula, signifying turbulent flow).</p> <p>In a joint interview on 05/06/2025 at 1:25 PM with Staff F, LPN/RCM and Staff G, LPN/RCM, Staff G stated that Resident 11 has a right femoral tunneled catheter line (a flexible tube known as a central venous catheter, that is inserted into a large vein and tunneled under the skin before entering the vein). Per Staff G, staff at the facility were not supposed to do anything with the site, they just need to reinforce the dressing, the dialysis center cared for their access site. When asked how the nurses knew what kind of dialysis access site the resident has, they stated it's in their communication board in resident's chart and in the provider's order. Staff F stated that they were mistaken when they told me the dialysis access site was a port. Staff G reviewed Resident 11's care plan, the dialysis access site was upper chest central line which was not accurate. Staff G stated they will update the care plan right away. Staff F reviewed the dialysis communication forms and saw the documentation of + bruit and thrill and Staff G stated that it was not accurate as Resident 11 does not have a fistula and the nurse should not have been documenting + bruit and thrill.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2025
NAME OF PROVIDER OR SUPPLIER Regency Care Center at Monroe		STREET ADDRESS, CITY, STATE, ZIP CODE 1355 West Main Street Monroe, WA 98272	
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In a joint interview on 05/07/2025 at 10:25 AM, Staff B, Director of Nursing Services and Staff C, Regional Nurse, Staff B stated that it was an expectation that the nurse's document what they have actually done. Staff C confirmed that Resident 11 does not have a shunt/fistula and will educate the nurse on what a bruit and thrill was. Staff B stated that RCM updates and reviews the care plans, and they usually review it quarterly or when there are changes in the residents. They were expected to update the care plan as soon as possible. Staff B also stated that any licensed nurse can update the care plan as well.</p> <p>Reference WAC 388-97-1900(1)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2025
NAME OF PROVIDER OR SUPPLIER Regency Care Center at Monroe		STREET ADDRESS, CITY, STATE, ZIP CODE 1355 West Main Street Monroe, WA 98272	
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 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident must receive and the facility must provide necessary behavioral health care and services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure behavioral health care and services were provided for 1 of 1 sampled resident (Resident 63) reviewed for behavioral health services. This failure placed residents at risk for increased behaviors, not receiving necessary services to meet their mental health needs and a diminished quality of life.</p> <p>Findings Included .</p> <p>Resident 63 admitted to the facility on [DATE] with diagnoses to include attention-deficit hyperactivity disorder (a condition that occurs during the development of the nervous system which affect attention and impulsivity) and bipolar disorder (a mental illness characterized by extreme shift in mood, energy and activity levels).</p> <p>In a review of Resident 63's monthly medication review for 02/10/2025 showed a recommendation for a psychiatric evaluation of their medications as a contributing factor to falls. The medication review was not signed by the physician or noted by any of the facility staff.</p> <p>In a review of Resident 63's progress notes, showed on 2/03/2025 they were given contact information for a local mental health organization to start services. There was no other information about mental health services until 04/18/2025 where a referral to a different mental health organization for Resident 63.</p> <p>In an interview on 05/06/2025 at 11:41 AM Staff T, Social Services Assistant stated there had not been a lot of resources for mental health for residents and the facility had just obtained a contract with a mental health organization to provide virtual visits to start in May. Staff T stated there were four other residents waiting to start mental health services with the new provider. Staff T stated the local mental health organization was not user friendly in it required a phone call to set up services on a specific date and time with an excessive waiting time. Staff T stated they had not discussed setting up mental health services with Resident 63.</p> <p>In an interview on 05/06/2025 at 12:58 AM Staff G, Licensed Practical Nurse/Resident Care Manager stated they had not seen the monthly medication review dated 02/10/2025 and did not know why it had been scanned into Resident 63's medical record without being noted by the physician or themselves. Staff G stated there was a new contract with a mental health organization to provide virtual appointments to residents who need mental health services due to start next week.</p> <p>In an interview on 05/06/2025 at 12:21 PM Staff A, Administrator, stated the social workers at the facility provide some of the psychological therapy. Staff A stated there is a recently obtained contract with a mental health organization. Staff A stated prior to the contract if a resident required/wanted counseling or psychiatry they would send them to an outside agency or use telehealth. Staff A stated the Director of Social Services would discuss and offer residents counseling or psychiatrist services. Staff A stated if a resident had behaviors, they would consider using the state offered behavioral health services program. Staff A stated the medical director was involved in any review of psychoactive medication and their use and if a resident had been seeing a psychiatrist they would consult with them as well for any adjustments in medications.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2025
NAME OF PROVIDER OR SUPPLIER Regency Care Center at Monroe		STREET ADDRESS, CITY, STATE, ZIP CODE 1355 West Main Street Monroe, WA 98272	

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 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reference WAC 388-97-1060(3)(e)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2025
NAME OF PROVIDER OR SUPPLIER Regency Care Center at Monroe		STREET ADDRESS, CITY, STATE, ZIP CODE 1355 West Main Street Monroe, WA 98272	
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure residents were free from unnecessary medications for 1 of 5 sampled residents (Resident 54) reviewed for unnecessary medications. Failure to evaluate the need for continued use of an antifungal medication placed residents at risk for use of unnecessary medications and/or have adverse side effects.</p> <p>Findings include .</p> <p>Resident 54 was admitted to the facility on [DATE] with admitting diagnoses to include chronic abdominal wall abscess.</p> <p>In a record review on 05/05/2025 at 8:50 AM, Resident 5's orders showed Fluconazole 200 mg tablet one time a day every Thursday for infection. The order was dated 06/27/2024.</p> <p>Record review of the May 2025 Medication Administration Record (MAR) showed that Resident 54 received a dose of Fluconazole on 05/01/2025.</p> <p>Record review of monthly Medication Regimen Review Reports from Pharmacy since December 2024 did not show any notes regarding Fluconazole use of Resident 54.</p> <p>In an interview on 05/07/2025 at 8:53 AM, Staff F, Licensed Practical Nurse (LPN)/Resident Care Manager (RCM) stated that Resident 54's Fluconazole order was for infection. Staff F reviewed the order and the date the order started, which was 06/2024, they stated that they think that it's a prophylactic medication but will put a call to the provider to clarify what the Fluconazole was for.</p> <p>In an interview on 05/07/2025 at 10:18 AM, Staff G, LPN/RCM stated they would look for documentation about why Resident 54 continued to be on fluconazole.</p> <p>In a joint interview on 05/07/2025 at 10:22 AM with Staff B, Director of Nursing Services and Staff C, Regional Nurse, Staff B stated that medical records print out the resident's medications monthly and the RCM's review the medications for accuracy and update them as needed. When asked if infection was the proper indication for the Fluconazole order for Resident 54 that they have been taking since 06/2024, Staff C stated that infection should not be the indication. Requested documentation to show that they have discussed the Fluconazole order with the provider, pharmacist and or Infection Control nurse.</p> <p>Record review of Resident 54's provider progress notes for 03/03/2025 did not show any documentation about why the Fluconazole needed to be continued, it was listed as one of the residents' medications.</p> <p>In an interview on 05/07/2025 at 12:03 PM, Staff G stated that they spoke to the provider and the Fluconazole will be discontinued as of today.</p> <p>Reference WAC 388-97-1060(3)(k)(i)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2025
NAME OF PROVIDER OR SUPPLIER Regency Care Center at Monroe		STREET ADDRESS, CITY, STATE, ZIP CODE 1355 West Main Street Monroe, WA 98272	
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 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>Based on interview and record review, the facility failed to ensure that unless the facility had a full-time Registered Dietician, that the Dietary Manager (Staff E) had completed an academic program in nutrition or dietetics accredited by an appropriate national accreditation organization. This failure placed residents at risk of receiving dietary services from staff without the required competencies and skills to carry out food and nutrition services.</p> <p>Findings include .</p> <p>In an interview on 05/02/2025 at 10:13 AM, Staff E, Dietary Manager stated that they have worked as Dietary Manager for almost a year. They were currently enrolled for the dietary manager certification and will be done in December 2025. Staff E provided a certificate that showed ServSafe Food Protection Manager Certification. Online research showed that this was not the required credential as a Dietary Manager.</p> <p>In an interview on 05/06/2025 at 10:10 AM, Staff D, Registered Dietitian stated that they work 32 hours a week. They work 2 days in the facility and 2 days at the other facility in Coupeville. They visit the facility one day a week and work from home the second day.</p> <p>In an interview on 05/06/2025 at 10:45 AM, Staff A, Administrator, stated that their Dietary Manager was still working on getting their certification. Staff A stated they have a Registered Dietitian that was hired full time by their corporate office. They spent 2 days at their facility and 2 days at their other facility and were available anytime they needed them. They also have a full- time corporate dietitian that oversees things.</p> <p>This was a repeat citation.</p> <p>Reference WAC 388-97-1160(3)(a)(b)(i)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2025
NAME OF PROVIDER OR SUPPLIER Regency Care Center at Monroe		STREET ADDRESS, CITY, STATE, ZIP CODE 1355 West Main Street Monroe, WA 98272	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to ensure a system in which residents' records were complete, accurate, and accessible, for 1 of 1 resident (Resident 4) reviewed for hospice (end of life) services. The facility failed to ensure the residents' medical records contained hospice provider's notes which placed residents at risk for medical complications, unmet care needs, and for diminished quality of life.</p> <p>Finding included .</p> <p>&lt;RESIDENT 4&gt;</p> <p>Resident 4 was admitted to the facility on [DATE] and enrolled in hospice services starting on 12/13/2024.</p> <p>Review of Resident 4's electronic health record (EHR) showed no hospice visit nurse documentation since 12/26/2024.</p> <p>Review of a form titled, Interdisciplinary Team of Care SNF (Skilled Nurse Facility)/ALF (Assisted Living Facility) and Hospice Plan of care dated 12/13/2024, indicated the hospice skilled nurse to visit twice a week and the home health aide to visit twice a week.</p> <p>In an interview on 05/05/2025 at 9:07AM, Staff H, Registered Nurse (RN), stated they were not sure how often the hospice nurse and the home health aide visited Resident 4 and they communicated with the hospice nurse verbally in person or via phone call. Staff H stated the hospice nurse talked to the facility nurses to get updates or to inform them of changes on orders, but there was no report or notes.</p> <p>In an interview and record review on 05/05/2025 at 9:14 AM, Staff O, RN/Infection Preventionist, stated they had a binder to keep Resident 4's hospice documentation. Review of Resident 4's binder showed no documentation of the hospice nurse and the home health aide visit.</p> <p>In an interview on 05/05/2025 at 9:43 AM, Staff P, RN/Resident Care Manager, stated the hospice nurse visited Resident 4 once a week and the home health aide came in twice a week. Staff P stated the hospice staff documented their clinical notes in their own system and the facility nurse had no access to the hospice system. Staff P stated the hospice nurse could fax their notes to the facility and the facility could request the document as well. Staff P stated they were not able to locate any hospice nurse visit record, but the notes should be in the facility's system for nurses to review. Staff P stated they would request the hospice agency to fax their documentation to the facility immediately.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2025
NAME OF PROVIDER OR SUPPLIER Regency Care Center at Monroe		STREET ADDRESS, CITY, STATE, ZIP CODE 1355 West Main Street Monroe, WA 98272	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 05/05/2025 at 10:24 AM, Collateral Contact (CC2), stated they came in to see Resident 4 every Tuesday. CC2 stated they usually speak with the facility nurse during visits and documented in their own hospice agency system, but the facility had no access to the hospice software system. CC2 stated their clinical visit notes including Resident 4's physical assessments, skin assessment, vital signs, care plans, any medication change, etc. CC2 stated the home health aide visited Resident 4 twice a week and provided services including oral care, nail care, shower or bathing, changing linen, dressing, companionship, etc., and the home health aide also documented in their own system which the facility had no access to it. CC2 stated they were not sure if the notes were faxed to the facility, but the facility could request any note.</p> <p>In an interview on 05/06/2025 at 11:37AM, Staff B, Director of Nursing Services, stated they had no access to the hospice provider's documentation system. Staff B stated the hospice staff communicated any change through talking to the facility nurse or the RCM. Staff B stated they expected the hospice visit note to be faxed to the facility and to be uploaded into the facility's EHR to make accessible for the facility staff.</p> <p>Reference WAC 388-97-1720(1)(a)(i)(iii)(2)(f)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2025
NAME OF PROVIDER OR SUPPLIER Regency Care Center at Monroe		STREET ADDRESS, CITY, STATE, ZIP CODE 1355 West Main Street Monroe, WA 98272	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** &lt;EQUIPMENT SANITATION&gt;</p> <p>During an observation on the Cascade unit on 05/07/2025 at 2:25 PM, Staff S, NAC, was observed pushing the mechanical lift from inside room [ROOM NUMBER] and placed it along the wall in the hallway. Staff S did not disinfect the mechanical lift. One minute later, observed Staff K, exit room [ROOM NUMBER]. Staff K reported that they had used the lift with Staff S in room [ROOM NUMBER]. Staff K walked down the hallway and into another room and did not disinfect the mechanical lift.</p> <p>During an interview on 05/07/2025 at 2:50 PM, Staff K stated they had not disinfected the lift because Staff S had pushed it into the hallway. Staff K stated that the mechanical lift should have been wiped with disinfection wipes after use.</p> <p>During an interview on 05/07/2025 at 2:52 PM, Staff S stated that they had not disinfected the mechanical lift after using it in room [ROOM NUMBER].</p> <p>In an observation on 05/01/2025 at 9:27 AM observed Staff U, NAC, left room [ROOM NUMBER], a room with an EBP sign on the door, with a mechanical lift. Staff U parked the mechanical lift against a wall that had wipes mounted to it. Staff U left the mechanical lift and returned to room [ROOM NUMBER] without cleaning the lift.</p> <p>In an interview on 05/01/2025 at 2:50 PM, Staff U stated the mechanical lifts were to be cleaned both before and after use. Staff U stated there were specific cleansing cloths mounted to the wall where the lifts were parked to wipe them down. Staff U stated they did not wipe the lift down after the use in room [ROOM NUMBER].</p> <p>&lt;GARBAGE HANDLING&gt;</p> <p>On 05/07/2025 at 9:31 AM observed Staff Y, NAC using their bare hands to push garbage down in the garbage can located in room [ROOM NUMBER], then removed the bag from the garbage can and exited the room. room [ROOM NUMBER] had an EBP sign pinned to their door.</p> <p>In an interview on 05/07/2025 at 9:32 AM, Staff Y acknowledged they were not wearing gloves when pushing the garbage down in room [ROOM NUMBER] with bare hands. Staff Y stated they were told not to wear gloves in the hallway. No other information was provided.</p> <p>Refer to WAC 388-97-1320 (1)(2)(b)</p> <p>&lt;ENHANCED BARRIER PRECAUTIONS&gt;</p> <p>Resident 40 was admitted on [DATE] with wounds in the right knee and right calf.</p> <p>In an observation on 05/05/2025 at 12:17 PM, Resident 40's door showed a sign that resident had EBP in place. The sign documented staff were to wear a gown when providing high contact care, such as dressing, transferring, providing hygiene or changing briefs.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2025
NAME OF PROVIDER OR SUPPLIER Regency Care Center at Monroe		STREET ADDRESS, CITY, STATE, ZIP CODE 1355 West Main Street Monroe, WA 98272	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an observation on 05/05/2025 at 12:17 PM, Staff K, NAC and Staff J, NAC were both wearing gloves prior to going to Resident 40's bedside. Neither staff were wearing gowns during pericare, dressing and transferring resident to their wheelchair.</p> <p>In a joint interview on 05/05/2025 at 12:33 PM, with Staff J and Staff K, Staff J stated that the EBP sign was for Resident 40. Staff K stated that the EBP sign meant that staff should wear gowns and gloves during wound care. Staff K stated the resident had wounds on their legs and that's why resident had the EBP sign. Both staff read the sign and Staff K stated that they should have worn gowns, and they forgot to wear them.</p> <p>Based on observation, interview and record review, the facility failed to ensure that staff were compliant with Infection Prevention and Control Guidelines (IPCP) and standards of practice for 1 of 3 units (Cascade Unit) reviewed for infection control practices and 1 of 2 residents (Resident 4) observed with personal care. The facility failed to follow IPCP standards during resident care activities and when handling garbage. The facility failed to ensure that staff used Personal Protective Equipment ([PPE] - specialized clothing worn to protect from infection or illness) during personal care, high contact resident care activities and handling garbage and failed to sanitize equipment after use. These failures placed all residents and staff at an increased risk for the potential transmission of infections.</p> <p>Findings included .</p> <p>Review of a facility policy titled, Transmission-Based Precaution, Revised date 11/2024, documented Enhanced Barrier Precaution (EBP) are indicated for residents with chronic wounds.</p> <p>Review of a facility policy titled, Resident Equipment Sanitation, Revised date 10/2017, documented staff will use a disinfectant spray or wipe to cleanse non-critical items (mechanical lift) between uses by different residents.</p> <p>&lt;RESIDENT 4&gt;</p> <p>Resident 4 admitted to the facility on [DATE]. Review of the Minimum Data Set Assessment (assessment of care needs), dated 03/26/2025, documented Resident 4 was dependent on personal care.</p> <p>In an observation on 05/05/2025 at 11:44 AM, Staff Q, Nursing Assistant Certified (NAC) and Staff R, NAC, provided peri-care (the practice of washing the genital and anal area) to Resident 4 after putting on gloves. Staff Q and Staff R removed Resident 4's brief and wiped the perineal area and buttocks. Without performing hand hygiene or changing gloves, Staff Q and Staff R applied a clean brief and pants for Resident 4. Staff Q and Staff R placed a mechanical lift sling, (material that lifts person in the air with a machine to move to another surface) under Resident 4's body, and moved Resident 4 to a wheelchair. Staff R's touched and opened the privacy curtain with the same contaminated glove. With the contaminated gloves on, Staff Q picked a comb from Resident 4's nightstand and combed their hair.</p> <p>In an interview on 05/05/2025 at 11:57 PM, Staff R stated they should perform hand hygiene and change their gloves after cleaning Resident 4's perineal area and before applying the clean brief, but they had not done that.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2025
NAME OF PROVIDER OR SUPPLIER Regency Care Center at Monroe		STREET ADDRESS, CITY, STATE, ZIP CODE 1355 West Main Street Monroe, WA 98272	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 05/06/2025 at 12:32 PM, Staff O, Registered Nurse/Infection Preventionist, stated staff needed to perform hand hygiene and change gloves after cleaning the perineal area and bottom before applying a clean new brief. Staff O stated staff needed to change gloves and perform hand hygiene when providing care from dirty to clean.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2025
NAME OF PROVIDER OR SUPPLIER Regency Care Center at Monroe		STREET ADDRESS, CITY, STATE, ZIP CODE 1355 West Main Street Monroe, WA 98272	
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observation and interview, the facility failed to provide a safe, functional, sanitary, and comfortable environment in 1 of 2 emergency carts (carts that contain needed medical equipment during an emergency) when an unlocked sharps container (a specialized, puncture-resistant, and leak-proof container designed for the safe disposal of sharp medical instruments, like needles, syringes, and scalpels, to prevent accidental injuries and ensure proper waste handling) was found to be soiled and contained five syringes. This failure placed residents and staff at risk for injury, potential exposure to diseases and lack of necessary medical equipment during an emergency.</p> <p>Findings Included .</p> <p>In an observation on 05/01/2025 at 8:53 AM observed an emergency cart located outside of the Cascade Residential Unit Nurses station, near the entrance of the shower room, with an unlocked sharps container on the lower shelf. In an observation of the sharp's container, the top cover to the sharp's container was soiled with unidentifiable brown matter and five syringes inside of the container.</p> <p>In an interview on 05/01/2025 at 8:53 AM Staff M, Licensed Practical Nurse, stated the cart was their emergency kit and suctioning cart. When Staff M was asked what the purpose of a sharp's container on the cart they stated it was a good question and stated they did not believe it should be there. When asked about the five syringes found in the container, Staff M stated they thought they might be syringes for insulin or tuberculosis testing. Staff M stated the process of disposing of sharps consisted of placing them in the disposable box in the biohazard room.</p> <p>In an interview on 05/06/2025 at 1:35 PM Staff B, Director of Nurses Services, stated there are locked sharp containers on each of the nurse's carts for sharp disposal.</p> <p>Reference WAC 388-97-3220(1)</p>		