

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505369	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2025
NAME OF PROVIDER OR SUPPLIER Regency at Northpointe		STREET ADDRESS, CITY, STATE, ZIP CODE 1224 East Westview Court Spokane, WA 99218	

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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38527</p> <p>Based on interview and record review, the facility failed to consistently assess and adequately follow-up on a change in condition for 1 of 3 sample residents (Resident 1) reviewed for quality of care. Resident 1 experienced harm when there was delay in recognizing a change in condition (elevated heart rate) and notification to the medical provider for treatment decisions that resulted in hospitalization and a diagnosis of sepsis (life-threatening medical emergency). These failures placed residents at risk of infection, hospitalization, and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the Centers for Disease Control, About Sepsis, dated 03/08/2024 (https://www.cdc.gov/sepsis/about/index.html), showed sepsis is the body's extreme response to an infection, often starting in the gastrointestinal tract, lung, skin or urinary tract. Signs that healthcare providers used to identify sepsis included changes in heart rate and blood pressure.</p> <p>Review of the American Heart Association, Tachycardia: Fast Heart Rate, dated 09/24/2024 (https://www.heart.org/en/health-topics/arrhythmia/about-arrhythmia/tachycardia--fast-heart-rate), showed the normal heart rate is 60 to 100 beats per minute (bpm) and tachycardia is when the heart beats too fast, at a rate of more than 100 bpm at rest.</p> <p>Review of the quarterly assessment dated [DATE] showed Resident 1 was not able to communicate their needs, was dependent on staff assistance, and required invasive mechanical ventilator support (medical device that assists or replaces spontaneous breathing). Per the assessment, the resident did not have a diagnosis of tachycardia.</p> <p>The care plan dated 07/16/2024 showed Resident 1 had a history of lung and skin infections with multiple drug-resistant organisms (MDROs; germs that are resistant to multiple antibiotics, making infections potentially life-threatening) and a prior history of sepsis. Per the care plan, the resident's respiratory status was to be monitored every six hours and staff were to monitor the resident's vital signs for abnormalities.</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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 1's electronic medical record vital signs for December 2024 showed from 12/01/2024 to 12/14/2024 the resident's heart rate was frequently documented between 60 and 100 bpm (57 of 61 entries) and infrequently above 100 bpm (four of 61 entries). Further review showed multiple entries per day documenting the resident's heart rate was above 100 bpm on 12/15/2024 (107 bpm at 9:39 AM, 115 bpm at 3:17 PM, 138 bpm at 6:20 PM, 123 bpm at 11:05 PM), 12/16/2024 (131 bpm at 5:01 AM, 127 bpm at 8:14 AM, 115 bpm at 1:50 PM, 110 bpm at 3:00 PM, 112 bpm at 6:21 PM, 116 at 11:13 PM), 12/17/2024 (119 bpm at 5:00 AM, 107 bpm at 9:29 AM, 105 bpm at 1:16 PM), and 12/18/2024 (120 bpm at 7:57 AM). The resident's blood pressure was not documented from 12/08/2025 to 12/17/2025. On 12/18/2025 Resident 1's blood pressure was elevated.</p> <p>Review of the December 2024 respiratory assessments for Resident 1 showed on 12/15/2024 at 6:20 PM a respiratory therapist notified a nurse that the resident was tachycardic at 138 bpm. The respiratory assessment showed the resident's respiration rate and oxygen level were normal, the resident's blood pressure was not documented. Additional respiratory assessments on 12/15/2024, 12/16/2024, and 12/17/2024 showed the resident's heart rate continued to be elevated; no further nurse notifications were documented.</p> <p>Review of Resident 1's December 2024 progress notes showed no nursing assessment of the reported elevated heart rate on 12/15/2024. Per the notes, on 12/16/2024 at 10:24 AM the medical provider was notified the resident's heart rate was 131 that day. There was no documentation showing the provider was notified of the additional five instances where the resident's heart rate was elevated in the prior 24 hours (see above). There was no documentation showing the provider's response. Additional review showed no nursing assessment or continued notification to the medical provider of the resident's elevated heart rate on 12/16/2024 or 12/17/2024. Per the progress notes on 12/18/2024 the resident had a sudden increase in their respiratory needs that required immediate transfer to the hospital.</p> <p>Review of the hospital admission notes dated 12/18/2024 showed the resident was admitted to the Intensive Care Unit with abdominal sepsis and acute on chronic respiratory failure.</p> <p>In an interview on 05/09/2025 at 2:33 PM Staff D, Respiratory Therapist (RT), stated residents were assessed by RT staff every six hours and the respiratory assessment included monitoring breath sounds, respirations and heart rate. Per Staff D respiratory staff notified nursing staff of resident changes including a change in heart rate, and if RTs continued to see abnormal vital signs they would go back and keep updating nursing staff. Staff D stated they worked with Resident 1 in the days prior to their hospitalization in December 2024 but were unable to provide information regarding the resident's increased heart rate, notifications to nursing staff, and/or notifications to the medical provider.</p> <p>On 05/09/2025 at 2:41 PM Staff C, Charge Nurse, stated Licensed Nurses (LNs) were responsible for resident care and if RTs reported a concern, then LNs were responsible to assess the resident's status. Staff C stated if a resident had a high heart rate LNs should review the resident for heart conditions and heart medications and check the resident's blood pressure then notify the provider. Per Staff C, the first day a resident was identified with new tachycardia they would be put on alert charting and would be addressed by a medical provider within 24 hours. Staff C stated they did not typically work with Resident 1 unless staff requested their assistance, and they did not work with Resident 1 in the days prior to their December 2024 hospitalization .</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>At 2:55 PM the same day Staff B, Resident Care Manager, stated RTs were to report changes to nursing staff and LNs were to assess residents and notify providers of abnormal findings. Staff B reviewed Resident 1's vital signs and confirmed the resident's heart rate was elevated on and after 12/15/2024. Staff B stated they expected the provider would have been notified of the change and a note would have been written by the provider.</p> <p>At 4:09 PM the same day Staff A, Director of Nursing stated if a resident had an increased heart rate identified on a respiratory assessment, then nursing staff should recheck the heart rate, assess conditions potentially responsible for the elevated heart rate, and assess additional vital signs such as the resident's blood pressure. Staff A reviewed Resident 1's electronic medical record and stated they did not see a nursing assessment of the resident related to the increased heart rate initially identified 12/15/2024. Staff A stated the provider notification on 12/16/2024 was a printout of a vital sign alert from the electronic medical record and should have been followed up at that time.</p> <p>In an interview on 05/14/2024 at 2:32 PM Staff E, Nurse Practitioner stated Resident 1 was very active and would have instances of heart rate elevation over 100 but if it continued for 24 hours they should be notified. Staff E stated Resident 1 would become ill quickly and was stable when they last saw the resident on 12/13/2024.</p> <p>Reference WAC 388-97-1060 (1)</p>		