

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505372	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2024
NAME OF PROVIDER OR SUPPLIER Regency Canyon Lakes Rehab and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2702 S Ely St Kennewick, WA 99337	

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>43280</p> <p>Based on observation and interview the facility failed to provide a safe, functional, and sanitary (the conditions that affect hygiene and health) environment for residents and staff for 1 of 1 shower room (SR 1), reviewed for a comfortable environment. This failure placed residents and staff at an increased risk for not feeling safe and secure with their environment.</p> <p>Findings included .</p> <p>Observations of the [NAME] hallway SR1 on 05/08/2024 at 7:43 AM showed the main wall had numerous scuff/scrape marks spanning along the entire lower half of the 20 foot (ft, a unit of measure) wall, where three mechanical lifts had been stored. Multiple gouges and tears could be seen in the sheet rock and paint chips from the wall were noted on the floor. The actual shower had three missing tile pieces, two broken trim/edging sections at the entrance to the shower, and a black substance that could be seen all around the inside perimeter of the shower. Additionally, a 1/2 ft by 1/2 ft section of wall/sheet rock had been cut out around the shower's cover and valve (controls the flow of water and turns the shower on/off) with the top half of the valve sunk into the wall.</p> <p>During an interview on 05/10/2024 at 11:31 AM, while observing SR1, Staff C, Maintenance Supervisor, stated that all shower rooms were operational and being used. Staff C stated they had been attempting to adjust the shower valve to increase the showers water pressure, did not finish the sheet rock behind the valve, and was not sure how the shower valve had sunk back into the wall. Staff C was shown the black substance around the inside perimeter of the shower along with the missing section of tile and trim. Staff C was not sure what the black substance was, but stated the shower was not in proper working order and the missing section of tile/trim, the shower valve, and the numerous scrape/gouge marks on the main wall all need to be fixed.</p> <p>During an interview on 05/10/2024 at 11:40 AM, after showing observations of SR1, Staff A, Administrator, stated that it all needed to be fixed, that it was not a comfortable environment for the residents, and they would be working to correct it.</p> <p>Reference: WAC 388-97-3220(1)</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
---	-------	-----------