

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505382	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2024
NAME OF PROVIDER OR SUPPLIER Regency Wenatchee Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1326 Red Apple Rd Wenatchee, WA 98801	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48368</p> <p>Based on observation and interview the facility failed to ensure the resident environment was free from accident hazards, due to the placement of a 1500-[NAME] oil filled indoor electric space heater in 1 of 1 resident room (room [ROOM NUMBER]), reviewed for accident hazards. This failure placed the residents at risk for avoidable accidents and/or injury.</p> <p>Findings included .</p> <p>An observation on 12/10/2024 at 3:50 PM, in room [ROOM NUMBER], showed an oil filled indoor electric space heater was on the right side of the sink, turned on medium heat, was hot to touch. When the Department Investigator placed their hand near the electric space heater, they had to quickly remove their hand (after less than two seconds) due to the hot temperature felt on palm of their hand.</p> <p>During an interview on 12/10/2024 at 5:10 PM, Staff B, Maintenance Director, stated they had placed the space heater in room [ROOM NUMBER] when the thermostat in the room stopped working on 12/03/2024. Staff B stated they were not aware if there was a process/policy for space heaters and they had not notified the Administrator prior to placing the oil filled electric space heater in the room.</p> <p>During an interview on 12/10/2024 at 5:15 PM, Staff A, Administrator, stated they were not aware Staff B had placed the space heater in room [ROOM NUMBER]. Staff A stated when a thermostat or any heating problem occurred in a resident room, staff were required to notify them. Staff A explained the process was to move the resident to a different room until the problem was fixed. Staff A further stated Staff B did not follow the correct process when the thermostat stopped working for room [ROOM NUMBER].</p> <p>Reference WAC: 388-97-1060 (3)(g)</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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