STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505430	A. Building B. Wing	02/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Harmony House Rehab & Nursing	100 River Plaza Brewster, WA 98812

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 0555 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to choose his or her attending physician. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45433 Based on interview and record review, the facility failed to ensure 1 of 3 residents (Resident 1), reviewed for choices, was afforded the right to choose their own attending physician. This failure placed the resident at risk for a diminished quality of care. Findings included Review of Resident 1's electronic medical record showed they admitted to the facility on [DATE] from a hospital with diagnoses including repair of right upper leg fracture with revision of a total hip replacement after a fall. The resident had a large surgical incision (about 16 inches long) related to the fracture repair. In a telephone interview on 02/18/2025 at 12:16 PM with Collateral Contact 1 (CC1), they stated that they had requested the facility to contact Resident 1's Primary Care Physician (PCP) for orders and a history of the resident as they were familiar with the resident and their history, and were told by a facility nurse that they had to use the facility Physician, Staff D. CC 1 stated that they were not happy with this decision as they did not feel the facility Physician understood Resident 1's complex medical history. Record review showed a progress note dated 01/25/2025 at 7:30 PM where Staff C, Registered Nurse wrote that Collateral Contact 1 had requested Resident 1's PCP be called to get orders and resident history, it was explained that [their] PCP within this facility upon admission to this facility was Staff D, Physician. During an interview on 12/18/2025 at 1:57 PM, with Staff B, Director of Nursing, they stated that residents could only use the three physicians that were approved by the facility, as their physican while they were admitted to the facility for treatment. During an interview on 12/18/2025 at 3:43 PM with Staff A, Administrator, they stated that they had trouble finding physicians to see residents in the facility in the past related to their rural location. They further stated that they had not had a resident request to use their own PCP and would work on the process. Reference: WAC 388-97-0200 (1)

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