

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505515	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/27/2024
NAME OF PROVIDER OR SUPPLIER Regency Olympia Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1811 East 22nd Avenue Olympia, WA 98501	

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 0609</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>44739</p> <p>Based on observation, interview, and record review, the facility failed to ensure the State Agency was notified and a entry on their Accident/Incident Log was completed when a tree uprooted and fell on the building causing a puncture in the apex of the roof. This failure placed residents at risk for an unsafe living environment and diminished quality of life.</p> <p>Findings included .</p> <p>On 11/19/2024, at 11:10 AM, a tarp was observed from the back parting lot of the facility covering part of the roof and the outside wall on the right side of the facility.</p> <p>At 11:14 AM, from the entrance to the facility, the far right wall of the dining room, adjacent to the driveway leading to the back parking lot, was observed to be covered in protective plastic tarping with signs with the word Danger on them.</p> <p>At 11:15 AM, Staff C, Activities Assistant, said a tree had fallen on the roof a few weeks ago and it was in the process of being repaired.</p> <p>At 1:15 PM, when asked when the tree fell on the roof, Staff D, Licensed Practical Nurse and Resident Care Manager, referred to a group text he received on his cell phone and said the tree fell in the early morning of 10/28/2024.</p> <p>At 1:30 PM, Staff B, Maintenance Director, said he received a call on 10/27/2024 at approximately 2:30 AM when the tree fell . It had uprooted and fell on the highest point of the roof which was the attic. Staff B said the fire department was called and arrived on the scene. The Administrator and Staff D then arrived on the scene and a full inspection ensued. Staff B said there were no injuries to residents or staff. The structural integrity of the building remained intact and no live power lines were exposed. Staff B said no evacuation was needed. When asked if the incident was called into the State Agency Hotline and entered in the facility's Accident/Incident Log, Staff B said this was not in his realm of duties and suggested I speak to the Administrator.</p> <p>At 1:35 PM, Staff A, Administrator, joined the interview with Staff B. When asked if the incident had been called into the State Agency Hotline and logged in the facility's Accident/Incident Log, Staff A said no. Staff A said she would do that now and would contact the Project Manager and Corporate Leadership to inform them of the requirement.</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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