

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  09/09/2025
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews and record review, the facility failed to ensure that allegations of abuse were reported timely for 1 of 2 [Resident 1] sampled residents reviewed for abuse/neglect. This failure placed residents at risk for potential verbal and physical abuse, and a diminished quality of life. Findings included. Review of the facility's Abuse/Neglect/Misappropriation/Exploitation policy dated 10/2022, documented that Individual mandatory reporters must immediately report to the Abuse Hotline when there is reasonable cause to believe an incident is abuse, neglect or exploitation. Resident 1 was admitted to the facility on [DATE] for rehabilitation following a hospitalization. The Quarterly Minimum Data Set, an assessment tool, dated 07/08/2025, indicated that Resident 1 was mildly cognitively impaired. Review of Resident 1's Electronic Health Record (EHR) dated 07/25/2025, at 2:33 AM, showed Staff D, Licensed Practical Nurse (LPN) documented in the progress notes Resident 2 was raising her voice, yelling, cursing at spouse telling him to lay down or she will leave. CNAs [Certified Nursing Assistants] repeatedly assisted Resident 1 to lay back down in bed and cover him with a blanket. At this time, Resident 2 continues to yell at Resident 1 to stay in bed. Continue to assist as needed. Review of Resident 1's EHR, dated 07/26/2025 at 1:01 AM, showed Staff D documented in the progress notes Upon arrival for night shift it was overheard that Resident 2 was yelling loudly at room Resident 1 because he spilled some Pepsi on his pants. This continued for approximately 30 minutes. Went to check on residents and Resident 2 reported that she was not happy with Resident 1 and how he had spilled Pepsi. Asked residents if the door could be closed for the privacy of conversation. Resident 2 apologized for the loudness and arguing. Review of Resident 1's EHR, dated 07/31/2025 at 3:49 AM, showed Staff D documented in the progress notes [Resident 2] Continues to be awake most of the night off and on yelling at roommate, [Resident 1] to be quiet and go to sleep and put feet back in bed. In an interview on 08/27/2025 at 11:10 AM Staff C, Social Services, said she was made aware of a potential allegation of verbal and possibly physical abuse which occurred during the night shift on 08/14/2025. Staff C said the dayshift nurse had received the information during the morning report. Staff C said the nurse responsible did not intervene or interview either resident when the incident occurred during the night shift. In an interview on 08/27/2025 at 11:25 AM Staff B, Director of Nursing and Registered Nurse, said the night shift nurse left a note in her box describing an incident of potentially both verbal and physical abuse that happened during the night. Staff B said that Staff D was a long-term employee of the facility and should have known better and both intervened and reported the concern of abuse. In an interview on 09/09/2025 at 3:25 PM Staff A, Administrator, said Staff D was a seasoned nurse and knew the process to report abuse allegations. Staff A said staff D should have intervened and reported the concern for verbal and potential physical abuse. WAC 388-97-0640 (5)</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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