

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 12/05/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review, the facility failed to ensure that pressure ulcers were appropriately identified, and physician orders were obtained for 1 of 4 (Resident 1) residents reviewed for quality of care. This failure resulted in Resident 1 developing pressure wounds and not receiving appropriate medical interventions. Findings included. Review of the facility's Pressure Ulcer Prevention Guidelines, dated March 2014, documented, It is the policy of this facility to implement care and services to prevent residents from developing pressure ulcers. 1. Pressure ulcer prevention interventions include 4 major approaches: a. Minimizing pressure. b. Managing moisture. c. Prevention of friction and shear [skin tearing or damage]. d. Maintaining adequate nutrition and hydration. Review of the facility's policy Skin at Risk program, dated April 2018, documented, Procedure 4. An appropriate treatment order will be obtained from the resident's physician and implemented when a wound is identified. Resident 1 admitted to the facility on [DATE] after a hospitalization. Resident 1's 5-day Minimum Data Set (MDS), an assessment tool dated 09/08/2025 indicated Resident 1 was cognitively intact. The 5-day MDS indicated Resident 1 admitted to the facility with no pressure ulcers. Review of Resident 1's care plan, created 09/03/2025, provided no indication of an open area/non-blanchable redness [a condition where skin shows a persistent redness after pressure is released indicating underlying tissue damage] to sacrum/buttocks. Review of Resident 1's Electronic Health Record (EHR), dated 09/09/2025 at 12:47 PM, showed Staff C, Registered Nurse, documented in the progress notes New skin condition - sacrum. Small skin tear with non-blanchable redness to sacrum/buttocks. Registered Nurse cleansed area and applied zinc barrier cream with a 6x6 bordered gauze. No charting found to indicate the Physician was notified of a new skin wound. Review of Resident 1's Treatment Administration Record (TAR), dated September 2025, showed no treatment was implemented for the assessment, care, or monitoring of the Small skin tear with non-blanchable redness to sacrum/buttocks. During an observation on 09/29/2025 at 4:08 PM, Staff D Licensed Practical Nurse (LPN) undressed Resident 1's wounds to assess. Resident 1 had a pressure ulcer measuring approximately 1.5 centimeters x 1.0 centimeters to left medial sacrum. In an interview on 10/09/2025 at 1:24PM Staff C said that she noticed the area on Resident 1's sacrum and applied zinc-based cream and a dressing to the area. Staff C said that she had the Resident Care Manager (RCM) look at the wound also. Staff C said she did not request an order from the doctor for ongoing treatment as she assumed the RCM would do that. Staff C said there should have been notification and an order from the doctor. In an interview on 010/09/2025 at 12:40 PM, Staff B, Registered Nurse and Director of Nursing said an open area or injury would be investigated for cause. Staff B was unable to provide an investigation for the injury to Resident 1. WAC 388-97-1060 (3)(b)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 505515
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