

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  04/24/2026
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 0675</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor each resident's preferences, choices, values and beliefs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> .Based on interviews and record review, the facility failed to provide treatment and care in accordance with professional standards of practice for 1 of 3 sampled residents (Resident 1) reviewed for quality of life. This failure placed residents at risk for compromised health outcomes and a diminished quality of life. Findings included. Resident 1 was admitted to the facility on [DATE] with multiple diagnosis to include a right hip fracture. The 5-day Minimum Data Set, an assessment tool, dated 02/20/2026 indicated Resident 1 was cognitively intact. Record review of Resident 1's skilled transfer orders dated 02/13/2026, showed physician orders to schedule a follow up appointment with the orthopedic provider for staple removal in two weeks. In an interview on 04/20/2026 at 11:19 AM, Resident 1 said that she had not been out to see the orthopedic surgeon since admission. Resident 1 said she had her staples in for a long time recently having them removed which was painful. Record review of Resident 1's electronic health record showed that the staples to Resident 1's right hip were removed on 04/08/2026 (51 days) after admission. In an interview on 04/20/2026 at 11:50 AM, Staff B, Director of Nursing/Registered Nurse said that the transfer orders did not get carried out due to an oversight. Staff B said the appointment and staple removal should have been done per the physician's transfer orders. In an interview on 04/24/2026 at 11:38 AM, Staff A, Administrator, said she would expect the admission/transfer orders to be completed as instructed. Reference WAC 388-97- 1060 (1)-(3)</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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