

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 03/08/2024
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36368</p> <p>Based on observation, interview and record review, the facility failed to ensure equipment was provided to prevent further avoidable reduction of range of motion (ROM) and mobility for 1 of 2 sampled residents (1) reviewed for ROM/mobility. This failure placed residents at risk for increased contractures and decrease quality of life.</p> <p>Findings included .</p> <p>Resident 1 was admitted on [DATE] with diagnoses including hemiplegia and hemiparesis (muscle weakness or partial paralysis on one side of the body) affecting the right side and contracture (a condition of shortening and hardening of muscles and tendons often leading to deformity and rigidity of joints) unspecified hand. The Minimum Data Set, a comprehensive assessment tool, dated 01/07/2024, documented Resident 1 was dependent on staff assistance with bed mobility, transfers, dressing, toilet use and hygiene.</p> <p>Record review of Resident 1's Restorative Program Referral Form, dated 02/14/2023, documented, Gentle Passive Range of Motion (PROM) to Right Upper Extremity (RUE), Apply resting hand and elbow extension splint 5 times a week for 5 to 6 hours a day.</p> <p>Resident 1's care plan, dated 06/23/2023, did not include the intervention of the resting hand and elbow extension splint.</p> <p>On 3/04/2024 at 9:54 AM, Resident 1 was observed without a resting hand and elbow extension splint in place. Resident 1 said he used to have a resting hand and elbow extension splint for his right hand, but he does not have one anymore. Resident 1 said he was unable to recall the last time he had the splint in place.</p> <p>On 03/05/2023 at 11:00 AM, Resident 1 was observed without a resting hand and elbow extension splint in place. Resident 1 said staff still had not done PROM to upper or lower extremities.</p> <p>At 3:30 PM, Resident 1 was observed without a resting hand and elbow extension splint in place. Resident 1 said staff still had not done PROM to upper or lower extremities.</p> <p>At 3:35 PM, Staff D, Therapy Director, said Resident 1 should still be receiving PROM to RUE and right resting hand and elbow extension splint placement five times a week for five to six hours a day.</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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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>At 3:47 PM, Staff E, Day Shift Registered Nurse (RN), said Resident 1 has not had a right resting hand and elbow extension splint in place when she has seen him.</p> <p>At 3:50 PM, Staff F, Certified Nursing Assistant (CNA) on evening shift, said she would do 15 minutes of PROM for Resident 1's RUE. Staff F said evening shift does not don or doff Resident 1's right resting hand and elbow extension splint.</p> <p>At 3:53 PM, Staff G, Evening Shift Licensed Practical Nurse, said Resident 1 dictates when he puts his right resting hand and elbow extension splint on. Staff G said Resident 1 never wants it on during evening shift.</p> <p>At 3:56 PM, Staff H, CNA on evening shift, said she has never been asked or trained to provide PROM exercises or place a right resting hand and elbow extension splint for Resident 1.</p> <p>03/06/2024 at 9:35 AM, Staff I, CNA on day shift, said she has never provided PROM exercises or placed a right resting hand and elbow extension splint for Resident 1.</p> <p>At 9:50 AM, Staff J, RN, said the CNAs look at what's on their task list to know how to care for each resident. If it is not on the care plan and not on the task list, they would not know to put the splint on or off.</p> <p>At 10:34 AM, Staff K, CNA on day shift, said therapy was doing a trial run for Resident 1's right resting hand and elbow extension splint. Staff K said she had not seen the hand splint prior to today.</p> <p>At 1:17 PM, Staff B, Director of Nursing Services and RN, indicated PROM exercises and the right hand splint should have been added to Resident 1's Care Plan following the restorative program referral from 02/14/2024. Staff B indicated staff should have been placing Resident 1's right hand splint on five to six hours a day, five days a week.</p> <p>Reference WAC 388-97-1060 (3)(d)(j)(ix)</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>46751</p> <p>Based on interview and record review, the facility failed to provide at least eight hours of Registered Nurse (RN) supervision for 9 of 30 days reviewed for RN coverage. This failure placed residents at risk for not receiving needed care and supervision of care.</p> <p>Findings included .</p> <p>The facility's Staffing Pattern Form, dated 02/03/2024 through 03/03/2024, documented there was no RN coverage for 9 of 30 days reviewed (02/03/2024, 02/10/2024, 02/13/2024, 02/17/2024, 02/21/2024, 02/22/2024, 02/24/2024, 02/27/2024, and 03/02/2024).</p> <p>On 03/07/2024 at 9:24 AM, Staff B, Director of Nursing Services and Registered Nurse, said the facility was actively recruiting, and hired two RN staff. Staff B said the facility had a low hiring pool. Staff B said the facility had been short on RN coverage.</p> <p>Reference WAC 388-97-1080 (3)</p>