

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 07/31/2020
NAME OF PROVIDER OF SUPPLIER REGENCY OLYMPIA REHABILITATION AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 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)		
F 0689 Level of harm - Actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>. Based on interview and record review, the facility failed to ensure a resident received adequate supervision when the care plan required two person assistance with turning in bed, and only one staff assisted the resident, for one of three sampled residents (#1) reviewed for falls. This failure placed residents at risk for falls, fractures and a diminished quality of life. This resulted in harm to Resident #1 when the resident sustained [REDACTED]. Findings included . Resident #1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The Minimum Data Set, an assessment tool, dated 03/20/2020, documented Resident #1 had impaired cognition and required extensive assistance of two persons for activities of daily living (ADLs) including bed mobility and transfers. The Care Plan for ADL Self-Care Performance Deficit and/or Limited Physical Mobility, dated 12/19/2019, documented the resident was non-weight bearing related to history of stroke. The care plan noted the resident was totally dependent on two staff to turn and reposition in bed as necessary. A nursing note, dated 03/30/3030 at 9:04 AM, documented on 03/30/2020, at approximately 8:10 AM, the Resident Care Manager (RCM) heard a call for immediate help and responded to Resident #1's room. The floor nurse and two Certified Nursing Assistants (CNAs) were present. Resident #1 was observed on the floor laying on his right side in between his bed and the foot of his roommate's bed. A facility Radiology Results Report, dated 03/30/2020 at 8:14 PM, documented Resident #1 had an acute right knee fracture involving the patella (kneecap). The facility incident investigation, completed by Staff C, former Director of Nursing Services, dated 04/01/2020 and revised 04/06/2020, documented the resident's care plan showed Resident #1 was a two-person assist for bed mobility. A witness statement, dated 04/06/2020, written by Staff D, CNA, documented she had asked for help but everyone was busy so she changed Resident #1 by herself. Staff D documented she turned him on his side and then Resident #1 fell off the bed. On 07/08/2020 at 3:12 PM, Staff E, Licensed Practice Nurse (LPN), said an aide called her into Resident #1's room, and she saw the resident laying on the floor, on his right side, in between the beds. Staff E said Resident #1's head was kind of under his roommate's bed. Staff E said her first impression was how could he fall. On 07/14/2020 at 1:53 PM, Staff F, LPN and RCM, said Resident #1 was totally dependent on staff for bed mobility. When asked about the resident's fall, Staff F said Staff D did not use a second person. Staff D rolled the resident to one side, he got too far to the edge, and weight and gravity took over. Staff F said Staff D was a good CNA; she just made a mistake. On 07/15/2020 at 1:30 PM, Staff D said she was providing care to Resident #1. Staff D said the resident was turned on his side and she normally had the supplies right there, but they were on the resident's nightstand. Staff D said she reached over to grab the supplies; and when she turned back, Resident #1 was going off the bed. Staff D said she could not do anything about it. Staff D said she will never do it again; she will wait for help. On 07/23/2020 at 10:35 am, Staff A, Administrator, said the care plan was not followed when care was provided by a staff person working alone. Reference WAC 388-97-1060(3)(g) .</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.