STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385282	A. Building B. Wing	12/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regency Care of Central Oregon	119 SE Wilson Avenue Bend, OR 97702

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on interview and record review, the facility failed to document a stop date for provision of PRN psychotropic medication beyond 14 days from start of the medication and failed to document clinical rationale for continuation of psychotropic medications without gradual dose reduction for 2 of 5 sampled residents (#s 6 and 7) reviewed for medications. This placed residents at risk for overmedication. Findings include: 1. Resident 6 was re-admitted to facility 10/24/25 with diagnoses of prostate cancer, falls, and depression. Resident 6's 10/24/25 physician orders revealed an order for lorazepam (an antianxiety medication) PRN with a start date of 10/24/25 and no stop date. The 11/2025 MAR indicated Resident 6 received Lorazepam once per day for five days after the 14th day of 11/6/25: 11/8/25, 11/12/25, 11/16/25, 11/17/25, and 11/18/25. In an interview on 12/5/2025 at 10:03 AM, Staff 2 (DNS) confirmed Lorazepam was administered PRN for more than 14 days without a documented stop date. 2. Resident 7 was admitted to the facility in 1/2019 with diagnoses including anxiety. A review of Resident 7's orders revealed a 9/11/24 order for lorazepam (an antianxiety medication), a 11/6/22 order for escitalopram (an antidepressant medication), and an 8/20/24 order for buspirone (an antianxiety medication). A 5/22/25 pharmacy consultation report indicated Resident 7 took three psychotropic medications, lorazepam, escitalopram, and buspirone. The consultation report recommended documentation of the specific rationale for why dose reduction or discontinuation of these medications was clinically contraindicated. The pharmacy consultation report was signed by the provider on 5/27/25 with no rationale documented. A review of Resident 7's medical record revealed no documentation of the specific rationale for why dose reduction or discontinuation of Resident 7's psychotropic medications were clinically contraindicated. On 2/4/25 at 2:31 PM Staff 2 (DNS) acknowledged there was no clinical rationale indicated for Resident 7's continuation without a dose reduction of her/his psychotropic medications.

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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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. Based on interview and record review it was determined the facility failed to ensure a resident's physician acted upon pharmacy recommendations timely for 1 of 5 sampled residents (#5) reviewed for medications. This placed residents at risk for an adverse medication regimen. Findings include: Resident 5 was admitted to the facility in 4/2021 with diagnoses including diabetes.A review of physician orders revealed a 9/2/25 order for Mounjaro (a medication used to treat diabetes).An 10/16/25 pharmacy consultation report recommended an increase in Resident 5's Mounjaro.A 11/20/25 pharmacy consultation report recommended an increase in Resident 5's Mounjaro.A review of Resident 5's medical record revealed no evidence Resident 5's provider reviewed the 10/16/25 pharmacy consultation report.On 12/4/25 at 10:48 AM Staff 2 (DNS) stated the provider did not respond to the 10/16/25 report so it was reissued and sent to the provider again on 11/20/25. Staff 2 stated pharmacy consultation report recommendations must be addressed by the provider within 30 days. Staff 2 acknowledged Resident 5's pharmacy consultation recommendation was not followed up on timely.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview it was determined the facility failed to handle and serve food in a sanitary manner in 1 of 1 kitchen. This placed residents at risk for potential exposure to food borne illness. Findings include:1. On 12/3/25 from 11:30 AM through 12:30 PM, Staff 4 (Dietary Manager) prepared resident lunch meal trays. Staff 4 donned gloves and touched multiple surfaces including clean plates, serving utensils, refrigerator doors, beverages, and each soft taco. Staff 4 did not change gloves or complete hand hygiene between touching clean and contaminated surfaces during this time.In an interview on 12/4/25 at 9:48 AM, Staff 4 stated she failed to complete proper hand hygiene and change gloves after touching equipment before returning to tray line service. 2. On 12/3/25 at 12:30 PM, Staff 4 (Dietary Manager) dropped a food thermometer on the floor while working the tray line for residents. Staff 4 bent down and picked up the thermometer, placed it on top of the table near the steam table, then reached for a clean tray to continue service. When questioned, Staff 4 acknowledged she picked up the soiled thermometer from the ground and placed it back on the counter. On 12/4/25 at 9:48 AM, Staff 4 stated she should not have picked up a dropped item from the floor during tray line. Staff 4 stated if something is retrieved from the floor during food preparation or serving, staff should complete hand hygiene and don clean gloves before continuing with meal service.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. Based on interview and record review it was determined the facility failed to follow CDC guidelines for pneumococcal immunizations for 1 of 5 sampled residents (#19) reviewed for immunizations. This placed residents at risk for adverse side effects to immunizations. Findings Include:Resident 19 was admitted to the facility in 5/2021 with diagnoses including heart failure.A review of Resident 19's immunizations revealed she/he received a Prevnar 20 vaccine (a vaccine for pneumonia) on 8/11/24 and 9/16/24.On 12/4/25 at 12:50 PM Staff IP (LPN Infection Preventionist) stated the CDC recommendation was for Resident 19 receive a single dose of Prevnar 20 and she was unsure why Resident 19 received two doses of Prevnar 20. Staff IP acknowledged Resident 19 should have received only one dose of Prevnar 20.

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. Based on interview and record review it was determined the facility failed to offer the COVID-19 vaccination 2025 booster to 4 of 5 sampled residents (#s 2, 7, 6, and 19) reviewed for immunizations. This placed residents at risk to contracting COVID 19. Findings include:1. Resident 2 was admitted to the facility in 9/2024 with diagnoses including Parkinson's Disease.A review of Resident 2's immunizations revealed the last COVID 19 vaccination she/he received was on 9/4/24.On 12/4/25 at 12:50 PM Staff IP (LPN Infection Preventionist) stated the CDC recommended two COVID 19 boosters for 2025. Staff IP stated all residents should be offered the COVID 19 vaccination yearly. Staff IP acknowledged there was no documentation Resident 2 received or was offered the COVID 19 vaccination in 2025.2. Resident 6 was admitted to the facility in 11/2020 with diagnoses including emphysema.A review of Resident 6's immunizations revealed the last COVID 19 vaccination she/he received was on 8/11/24.On 12/4/25 at 12:50 PM Staff IP (LPN Infection Preventionist) stated the CDC is recommending two COVID 19 boosters for 2025. Staff IP stated all residents should be offered the COVID 19 vaccination yearly. Staff IP acknowledged there was no documentation Resident 6 was offered or received the COVID 19 vaccination in 2025.3. Resident 7 was admitted to the facility in 1/2019 with diagnoses including asthma.A review of Resident 7's immunizations revealed the last COVID 19 vaccination offered to Resident 7 was on 2/1/24.On 12/4/25 at 12:50 PM Staff IP (LPN Infection Preventionist) stated the CDC recommended two COVID 19 boosters for 2025. Staff IP stated all residents should be offered the COVID 19 vaccination yearly. Staff IP acknowledged there was no documentation Resident 7 was offered or received the COVID 19 vaccination in 2025.4. Resident 19 was admitted to the facility in 5/2021 with diagnoses including heart failure.A review of Resident 19's immunizations revealed the last COVID 19 vaccination offered to Resident 19 was on 8/11/24.On 12/4/25 at 12:50 PM Staff IP (LPN Infection Preventionist) stated the CDC recommended two COVID 19 boosters for 2025. Staff IP stated all residents should be offered the COVID 19 vaccination yearly. Staff IP acknowledged there was no documentation Resident 19 was offered or received the COVID 19 vaccination in 2025.