

1425

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505350	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  04/29/2013
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NAME OF PROVIDER OR SUPPLIER  REGENCY CARE CENTER AT MONROE	STREET ADDRESS, CITY, STATE, ZIP CODE 1355 WEST MAIN STREET MONROE, WA 98272
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000 INITIAL COMMENTS

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This report is the result of an unannounced Quality Indicator Survey conducted at Regency Care Center of Monroe on 4/22/13, 4/23/13, 4/25/13, 4/26/13, and 4/29/13. A sample of 23 residents was selected from a census of 85. The sample included 19 current residents and the records of 4 former and /or discharged residents.

The survey was conducted by:

- ██████████, RN, BSN
- ██████████, RN, MSN
- ██████████, RN, BSN
- ██████████, RN, BSN

The survey team is from:

Department of Social and Health Services  
Aging & Disability Services Administration  
Residential Care Services, District 2, Unit A  
3906 172nd Street NE, Suite 100  
Arlington WA 98223

Telephone: (360) 651-6878  
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*Robert Crawford* 4/30/13  
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Sign Date

Regency Care Center of Monroe is in compliance with 42 CFR Part 483, "Requirements for Long Term Care Facilities".

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

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.