STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385010	A. Building B. Wing	10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laurelhurst Village	3060 SE Stark Street Portland, OR 97214

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 43691 Based on interview and record review it was determined the facility failed to provide dignified and respectful care for 1 of 3 residents (# 101) reviewed for respect and dignity. This placed residents at risk of loss of dignity. Findings include: The facility's policy regarding dignity states the following: - Residents shall be cared for in a manner that promotes and enhances her or his sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem. - Residents were to be treated with dignity and respect at all times. Resident 101 was admitted to the facility in 6/2023 with diagnoses including depression and dementia. A 6/4/23 Care Plan included instructions to provide Resident 101 with brief changes due to incontinence. A 6/30/23 Alleged Abuse report included statements from Resident 101 regarding care and comments from Staff 3 (CNA) which included: -One morning I saw [Staff 3] standing there, yelling at me . why did you say those things about me? You want me to get fired? I didn't say anything to [Staff 3] because I was scared. I didn't know why she was acting this way towards me. -She also said I peed more than anyone she ever saw. - [Staff 3] was over [me] saying, what the hell happened? Why are you telling people things about me? A 6/30/23 Alleged Abuse report continued with statements from Resident 101 on 7/6/23 saying she/he felt safe in the facility after Staff 3 was terminated. Review of Resident 101's records revealed no indication the statements from Staff 3 had a lasting psychosocial impact on the resident. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 10/31/24 at 12:47 PM Staff 5 (Previous DNS) stated Resident 101 was sensitive and could be offended easily. Staff 5 stated Staff 3 had previous reports of having made statements towards residents which could be seen as undignified. Staff 5 stated Staff 3's statements regarding Resident 101's wet brief were the last straw with concerns of respect and dignity. On 10/31/24 at 1:03 PM Staff 3 (CNA) stated she told Resident 101 she/he was wet from head to toe and then approached another staff member to point out how wet Resident 101 was. Staff 3 stated she did this out of concern for Resident 101's care and stated she felt she had not done anything wrong. On 10/31/24 at 1:27 PM Staff 1 (Administrator) confirmed Staff 3's statements towards Resident 101 were undignified.