

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385044	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2024
NAME OF PROVIDER OR SUPPLIER Prestige Care and Rehabilitation - Menlo Park		STREET ADDRESS, CITY, STATE, ZIP CODE 745 NE 122nd Avenue Portland, OR 97230	

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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>42222</p> <p>Based on interview and record review it was determined the facility failed to ensure residents were free from misappropriation of property for 1 of 2 sampled residents (# 106) reviewed for misappropriation. This placed residents at risk for loss of property. Findings include:</p> <p>Resident 106 was admitted to the facility in 2022 with diagnoses including chronic kidney disease and heart failure.</p> <p>Resident 106's MDS Quarterly dated 5/7/24 revealed she/he was cognitively intact with a BIMS score of 15.</p> <p>The facility submitted a report to the state agency on 5/30/23 which stated Resident 106 had loaned Staff 4 (Former CNA) money and the facility started an investigation which included suspending Staff 4.</p> <p>On 5/30/24 at 12:48 PM, Resident 106 confirmed she/he loaned Staff 4 money on several occasions prior to May 2023 and Staff 4 had paid back the money. Resident 106 stated in May 2023 she/he loaned Staff 4 \$700.00 for new tires and was not paid back.</p> <p>Staff 4 was unable to be interviewed due to no longer working at the facility.</p> <p>On 6/6/24 at 11:00 AM, Staff 1 (Administrator) and Staff 2 (DNS) were informed of the findings of misappropriation of Resident 106's property and provided no additional information.</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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