

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 10/08/2024
NAME OF PROVIDER OR SUPPLIER Menlo Park Post Acute		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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>42222</p> <p>Based on observation, interview and record review it was determined the facility failed to ensure residents were appropriately supervised while smoking for 1 of 3 sampled residents (#106) reviewed for smoking safety. This placed residents at risk for injury from fire hazards. Findings include:</p> <p>The facility's Smoking Policy, revised 10/2023 stated residents who wished to smoke were evaluated for their ability to smoke safely. Residents who did not meet the safety criteria established by the facility to smoke independently were aided or supervised by facility staff during smoking activities.</p> <p>Resident 106 admitted to the facility in 2016, with diagnoses including diabetes mellitus and stroke.</p> <p>Resident 106's MDS Quarterly dated 7/11/24 revealed a BIMS score of 11, indicating the resident had moderate cognitive impairment.</p> <p>Resident 106's Smoking Safety Evaluation dated 8/14/24 revealed Resident 106 did not have adequate cognitive skills or memory recall, did not recognize designated smoking areas and could not identify proper smoking receptacles. The IDT decision stated observations [of resident] having lighting materials in room, attempting to light cigarette, staff intervened. Conversation with [the resident], commented [she/he] didn't know that [she/he] couldn't smoke in [her/his] room. Due to above findings, [the resident] has been reassessed/changed to supervised smoker.</p> <p>On 10/2/24 at 2:57 PM, Resident 106 was observed in the courtyard smoking area and was smoking a lit cigarette. No designated staff were observed to be in the courtyard supervising the resident. Immediately after the observation was made, Staff 4 (LPN) , who was inside the building close to the smoking area, confirmed Resident 106 was seated in the smoking area.</p> <p>On 10/8/24 at 1:30 PM, Staff 1 (Administrator) and Staff 2 (DNS) were advised of the findings of the investigation 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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