STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385049	A. Building B. Wing	08/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Columbia Basin Care Facility	1015 Webber Street The Dalles, OR 97058

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35855 Based on interviews and record review, it was determined the facility failed to protect the resident's right to be free from physical abuse by a resident for 1 of 3 sampled residents (#16) reviewed for abuse. This placed residents at risk for abuse. Findings include: Resident 16 was admitted to the facility in 1/2024 with diagnoses including stroke. Resident 16's admission MDS dated [DATE] revealed a BIMS score of 3, which indicated severe cognitive impairment. Resident 13 was admitted to the facility in 11/2023 with diagnoses including stroke and depression. Resident 13's Incident Note revealed on 7/6/24 Resident 16 was sitting near the nurses station not talking and Resident 13 yelled do not touch my chair or I am fucking going to let you have it. Resident 13 and 16 were separated and Resident 13 continued to yell out and cuss at residents and staff. Resident 13 was placed into her/his room. A 7/8/24 facility investigation report revealed Resident 13 and Resident 16 were near each other in the hallway near the nurses station. Resident 13 thought two men were holding her/his wheelchair. There was only one resident close to Resident 13 and she/he was not holding her/his chair. Resident 13 yelled let go of my chair. Resident 13 then hit Resident 16 in the face with an open hand leaving a small open area on her/his face. Resident 13 was confused at the time related to her/his current disease processes and history of behaviors. Resident 16 was in proximity and potentially caused the situation to occur. The residents were separated. Resident 13's quarterly MDS dated [DATE] revealed a BIMS of 10 which indicated moderate cognitive impact. On 8/28/24 at 6:32 AM Resident 13 stated on 7/6/24 she/he was trying to go to lunch or dinner and two residents grabbed her/his wheelchair on both sides. Resident 13 told them to let go or she/he was going to hit her/him. The residents did not let go so Resident 13 hit one of the residents. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385049	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Columbia Basin Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 1015 Webber Street The Dalles, OR 97058	

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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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/28/24 at 8:26 AM Staff 5 (Medication Aide) stated on 7/6/24 she had the medication cart by the medication room, and she heard Resident 13 being extremely loud and was punching the crap out of Resident 16. Staff 5 stated it was like boom, boom, boom Staff 5 stated Resident 16 was very gentle and was not the type of person to come up on someone. Staff 5 stated Resident 13 was having a bad day. The nurse told her Resident 13 had attempted to punch her. Staff 5 stated a few times a month Resident 13 gets angry for no reason. On 8/28/24 at 8:13 AM Staff 4 (LPN) stated on 7/6/24 she was at the nurses station. Resident 16 was speaking to another resident and Resident 13 was behind Resident 16. Resident 13 hit Resident 16 on the temple area and she separated them and took Resident 13 to her/his room. Resident 13 had attempted to hit Staff 4 and verbally abused staff and attempted to hit staff. Resident 13 told her she/he punched Resident 16 because she/he would not shut up. On 8/29/24 at 10:54 AM Resident 16 stated she/he felt safe in the facility. Resident 16 stated Resident 13 made her/him uncomfortable to be around but she/he no longer felt uncomfortable around Resident 13. On 8/30/24 at 8:50 AM Staff 1 (Administrator) and Staff 2 (Interim DNS) were notified of the investigative findings