

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385053	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2025
NAME OF PROVIDER OR SUPPLIER Avamere Rehabilitation of Eugene		STREET ADDRESS, CITY, STATE, ZIP CODE 2360 Chambers Street Eugene, OR 97405	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>38139</p> <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on interview and record review it was determined the facility failed to ensure a resident received wound care according to physician orders for 1 of 3 sampled residents (#102) reviewed for wound care. This placed residents at risk for worsening wounds or infection. Findings include:</p> <p>Resident 102 was admitted to the facility in 3/2025, with diagnoses including an open fracture of the left lower leg with a deep incisional surgical site and diabetes.</p> <p>Resident 102's Hospital Discharge Instruction Orders dated 3/15/25 revealed staff were to make a follow-up appointment with the surgeon in two weeks and provide the following surgical wound care instructions:</p> <ul style="list-style-type: none"> -Honeycomb dressing on for 7 days. Change if saturated more than 50%. Leave off after 7 days. Resident may shower. -Call MD for excessive drainage. -OK to remove staples two weeks after surgery if patient is still present in facility. -Apply ice to affected area as needed (typically 20 minutes every 2-3 hours) to control swelling and pain. -If splint or cast in place please keep clean and dry until first post visit. <p>Resident 102's Admission Nursing Database dated 3/15/25 contained no information related to the resident's deep incisional surgical site of the left shin or for the care and treatment of the wound.</p> <p>The 3/2025 MAR and TAR for Resident 102 revealed no orders for wound care or monitoring of the wound from 3/15/25 to 3/31/25.</p> <p>Resident 102's Provider Progress Note dated 4/1/25 indicated the resident had missed her/his two week follow-up appointment with the surgeon and staff reported the resident's surgical wound had new slough (necrotic tissue), increased redness and some drainage. The provider determined the presence of cellulitis (bacterial infection of the skin and underlying tissue) and started the resident on an antibiotic.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385053	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2025
NAME OF PROVIDER OR SUPPLIER Avamere Rehabilitation of Eugene		STREET ADDRESS, CITY, STATE, ZIP CODE 2360 Chambers Street Eugene, OR 97405	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The 4/2025 updated MAR and TAR for Resident 102 revealed an order for wound care to the left shin daily and PRN every day shift. The TAR revealed no wound care was provided on 4/2/25 or 4/4/25.</p> <p>On 5/23/25 at 8:30 AM, Staff 4 (Wound Care/LPN) indicated Resident 102's surgical site should have been checked and monitored by nursing staff on admission. Staff 4 acknowledged the sutures had not been removed per the resident's physician's order. Staff 4 stated he saw the wound on 4/1/25 and reported his concerns regarding the resident's wound to the physician.</p> <p>On 5/23/25 at 9:00 AM, Staff 3 (RNCM) indicated the orders for wound care for the resident upon admission were not transcribed into the resident's medical record. Staff 3 acknowledged Resident 102's orders for her/his dressing was not implemented for the first seven days, there was no documentation for monitoring the resident's wound, the resident's follow-up appointment was missed and the resident's sutures were not removed.</p>