STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385072	A. Building B. Wing	09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Corvallis Manor	160 NE Conifer Blvd Corvallis, OR 97330

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. 25504 Based on interview and record review it was determined the facility failed to ensure the resident's right to be free from neglect for 1 of 3 sampled residents (#1) reviewed for abuse. This placed residents at risk for unmet care needs. Findings include: Resident 1 was admitted to the facility in May 2024, with diagnoses including a left femur fracture. Review of a care plan revised on 5/18/24 revealed the resident was to be assisted with toileting every two hours. A revision on 6/11/24 revealed staff were to make sure the resident was wearing appropriate footwear prior to ambulation or transfers. Review of a progress note dated 6/26/24 at 3:27 PM, stated Staff 3 (LPN) was alerted Resident 1 needed assistance and found the resident on the floor in the resident's room. The note indicated the resident was not wearing socks or shoes and had a soiled brief. The note also indicated the resident was not able to explain how she/he fell and the resident told staff her/his arm was sore. The resident was toileted last at 10:10 AM according to Staff 4 (CNA) and the resident's call light was not on. Resident 1 was assisted back to bed and the resident's brief and clothing were changed. Resident 1 indicated to staff again her/his arm was sore and requested to be sent to a local hospital for evaluation. Review of a progress note dated 6/27/24 at 1:13 AM, stated Resident 1 returned from a local hospital with no injuries from the fall but was diagnosed with a urinary tract infection. Review of a facility investigation dated 6/26/24, stated Resident 1 was found on the floor near the door of the resident's room with urine and feces on her/his body in a manner that was a potential indicator of neglect of care by Staff 4. The investigation indicated the resident may have attempted to use the bathroom and fell . The investigation concluded the resident had not been assisted with toileting for several hours between 10:10 AM and 1:25 PM. The investigation also indicated neglect of care was substantiated. In an interview on 9/11/24 at 10:44 AM, Staff 5 (CNA) said on 6/26/24 she noticed the resident's call light on periodically during the day shift. Staff 5 said Resident 1 was a one person assist for incontinence care. Staff 5 said passing the resident's room she observed the resident's bed sheets on the floor and the bed sheets were soaked with urine. (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:	(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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 9/11/24 at 11:02 AM, Staff 6 (CNA) said Resident 1's linens were soaked with urine and feces and this had never happened before. Staff 6 said the resident would let her know when the resident needed to be changed. The resident did not always use the call light for assistance and staff had to check on her/him frequently. Staff 6 said the resident had not been provided incontinence care all morning and staff were to check on the resident every two hours. At 12:24 PM Staff 6 said there was urine on the floor which she cleaned up and this may have contributed to the resident's fall. In an interview on 9/11/24 at 11:24 AM, Staff 3 said on 6/26/24 she was alerted by staff Resident 1 was on the floor. Staff 3 said the resident was soaked with urine and feces was coming out of the resident's brief. Staff 3 said the resident had not been changed for some time. Staff 3 also said the resident's bed was soaked with urine and feces and the resident was not wearing shoes or socks. In an interview on 9/11/24 at 12:00 PM, Staff 1 (Administrator and Staff 2 (DNS) both acknowledged the neglect of care for Resident 1. It was determined this citation met the criteria for Past Non-compliance based on the following: On 7/16/24, the Past Noncompliance was corrected when the facility completed a root cause analysis of the incident and determined there was neglect of care regarding toileting every two hours. The facility Plan of Correction included a completion of an incident investigation which identified the regulatory non-compliance and in-serviced all staff on the resident care plans and neglect policies and procedures. The facility conducted weekly audits to keep resident safe from further abuse and no additional incidents occurred since the neglect of care incident on 6/26/24.