

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/09/2025
NAME OF PROVIDER OR SUPPLIER  Corvallis Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>41455</p> <p>Based on observation, interview and record review it was determined the facility failed to provide modified textured diets as ordered for 2 of 3 sampled residents (#s 1 and 2 ) reviewed for food. This placed residents at risk for medical complications and aspiration. Findings include:</p> <p>1. Resident 1 was admitted to the facility in 10/2021 with diagnoses including Alzheimer's disease and mood disturbance.</p> <p>A 10/4/24 Annual MDS indicated Resident 1 required a pureed (smooth textured) diet due to swallowing issues related to her/his Alzheimer's disease.</p> <p>A 10/22/24 care plan indicated staff were to assist Resident 1 with eating.</p> <p>A 1/2/25 public complaint indicated Resident 1's pureed food was observed with a chunk of meat.</p> <p>On 1/3/25 at 1:58 PM Staff 12 (Cook) stated he was aware Resident 1's food on 12/29/24 was not pureed completely.</p> <p>On 1/3/25 at 2:40 PM Staff 10 (CMA) stated on 12/29/24 she assisted Resident 1 with her/his evening meal and found a large piece of meat in her/his pureed food. Staff 10 stated she reported the concern to Staff 4 (Dietary Manager) and did not give Resident 1 the incorrect texture.</p> <p>On 1/3/25 at 3:06 PM Staff 4 stated at the end of 11/2024 he was aware the food processor was not working and was directed by Staff 13 (Former Administrator) to purchase a non-commercial food processor until a commercial food processor arrived. Staff 4 stated he was aware the non-commercial food processor he purchased was not adequate to ensure a smooth consistency for residents with pureed diets.</p> <p>On 1/3/25 at 3:48 PM Staff 8 (Regional Dietary Manager) confirmed she was not aware until 1/3/25 that the expectations for smooth pureed textures in the facility were not met after the non-commercial food processor was purchased and acknowledged additional training for staff was necessary.</p> <p>2. Resident 2 was admitted to the facility in 4/2021 with diagnoses including stroke and heart disease.</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
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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A 1/9/23 physician order indicated Resident 2 required a pureed (smooth) texture diet.</p> <p>The 12/24/24 Quarterly MDS indicated Resident 2 was severely cognitively impaired and choked or coughed during meals.</p> <p>The 12/24/24 care plan indicated Resident 2 required intermittent assistance from staff for eating.</p> <p>On 1/3/25 at 12:38 PM Resident 2 was observed in the dining room with no supervision with a plate of pureed food. The pureed macaroni and cheese was observed with small pieces of food in the mixture and was not smooth in texture.</p> <p>On 1/3/25 at 12:45 PM Staff 4 (Dietary Manager) stated he did not receive official training related to diet textures.</p> <p>On 1/3/25 at 1:28 PM a sample tray of pureed food was requested and provided to the surveyor. The texture of the macaroni and cheese was not smooth to the mouth and small pieces of food in the mixture were observed.</p> <p>On 1/3/25 at 1:30 PM Staff 9 (SLP) observed the pureed macaroni and cheese and confirmed the food texture did not meet the expectations for residents who required a pureed texture diet.</p> <p>On 1/3/25 at 1:58 PM Staff 12 (Cook) stated he did not feel the texture of the pureed food produced for residents was safe.</p> <p>On 1/3/25 at 3:48 PM Staff 8 (Regional Dietary Manager) confirmed she was not aware until 1/3/25 that the expectations for smooth pureed textures in the facility were not met and acknowledged additional training for staff was necessary.</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Keep all essential equipment working safely.</p> <p>41455</p> <p>Based on observation, interview, and record review it was determined the facility failed to maintain essential kitchen equipment for 1 of 1 kitchen reviewed for kitchen services. This placed residents at risk for food borne illnesses. Findings include:</p> <p>The 1/2023 Dietary Services Dishwashing using a Dish Machine instructions indicated a low temperature dish machine wash cycle was to remain at 120 to 140 degrees F with chemical sanitizer levels according to manufacturer's directions.</p> <p>A 11/14/2024 Sanitation Audit Report indicated Staff 3 (RD) provided low temperature dish washer education to dietary staff.</p> <p>The 12/2024 and 1/2025 Dish Machine Logs indicated the facility's low temperature dish machine wash cycle temperatures reached 120 degrees F on 12/13/24 and 12/14/24 through 1/7/25.</p> <p>A 12/19/24 Work Order was submitted by Staff 4 (Dietary Manager) and indicated the water in the kitchen was not hot enough and the priority was high. On 12/27/24 Staff 5 (Regional Director of Maintenance) updated the status to set to completed.</p> <p>On 1/3/25 at 9:25 AM Staff 4 acknowledged the water temperatures for the dish machine were cold on 1/3/25 so paper products were used for resident meal service.</p> <p>On 1/4/25 at 3:42 PM Staff 6 (CNA) stated residents complained of cold showers during the same time the dish machine temperatures were not met.</p> <p>A 1/7/25 Work Order titled water not hot enough for dish machine was submitted by Staff 4 and the priority was critical.</p> <p>On 1/7/25 at 9:02 AM Staff 7 (Dietary Aide) stated the temperatures of the water for the dish machine were fine in the morning but became cold quickly. Staff 7 stated she was instructed by management to continue to use the dish machine to wash and sanitize dishes because the chemicals were sufficient.</p> <p>On 1/7/25 at 11:56 AM Staff (Regional Dietary Manager) acknowledged the expectations for the dish machine wash cycle temperatures were not met.</p> <p>On 1/7/25 at 12:30 PM Staff 5 acknowledged the priority work order was not processed timely and he intervened on 12/27/24 to ensure a new hot water heater was ordered.</p>