Printed: 08/28/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385091	A. Building B. Wing	06/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hearthstone Nursing & Rehabilitation Center	2901 E. Barnett Road Medford, OR 97504

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 41455 Based on observation, interview, and record review it was determine that facility failed to provide appropriate silverware for 1 of 1 dining room and 1 of 1 random resident (#4) reviewed for dining. This placed residents at risk for lack of a dignified dining experience. Findings include: Resident 4 admitted to the facility in 2023 with diagnoses including anxiety and diabetes. A 5/30/24 Quarterly MDS indicated Resident 4 was cognitively intact. A 6/7/24 revised care plan revealed Resident 4 required set-up assistance with meals. On 6/24/24 at 12:44 PM Resident 4 stated she/he felt it was undignified for her/him to eat meals with large tablespoons instead of teaspoons. Resident 4 stated requests for teaspoons and not tablespoons with each meal was an ongoing challenge. On 6/24/23 at 12:46 PM Staff 9 (CNA) stated the facility served residents' meals with tablespoons and not teaspoons since 2/2024 and acknowledged Resident 4 communicated her/his request for teaspoons at each meal during the previous week. On 6/27/24 at 11:48 AM the facility dining room was observed with multiple residents seated at dining tables ready for lunch service. All place settings were set-up with tablespoons and not teaspoons. Staff 28 (Cook) stated Resident 4 often complained about the lack of available teaspoons for meal service and confirmed there were only two teaspoons available for resident use at that time. On 6/27/24 at 12:00 PM Staff 12 (Dietary Manager) stated he was not informed there was a lack of teaspoons for resident meals and acknowledged the use of tablespoons for meal service was improper for residents.

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: 385091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hearthstone Nursing & Rehabilitation Center	2901 E. Barnett Road Medford, OR 97504

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. 26991 Based on observation, interview, and record review it was determined the facility failed to ensure a resident or resident's responsible part was involved with decisions related to care for 2 of 6 sampled residents (#s 21 and 31) reviewed for medications and restraints. This placed residents at risk for lack of health care choices. Findings include: 1. Resident 21 admitted to the facility in 2021 with with a diagnosis of diabetes. An 4/6/24 significant change MDS revealed Resident 24 was cognitively impaired. A 5/29/24 Restraint vs (versus) Enabler Screen revealed Resident 21 had poor safety awareness and a scoop mattress (a mattress with raised edges) would allow the resident to move more safely. The screen did not indicate the risk and benefits of the scoop mattress were reviewed with Resident 21 or her/his responsible party. On 6/24/24 at 6:22 PM Resident 21was observed to have a scoop mattress. On 6/26/24 at 3:34 PM Staff 16 (RNCM) acknowledged the use of Resident 21's scoop mattress was not reviewed with Resident 21's responsible party. 2. Resident 31 admitted to the facility in 2022 with a diagnosis of depression. Resident 31's active physician orders revealed she/he was to be administered Zoloft (antidepressant). The start date was 1/27/24. Resident 31's clinical record did not include an informed consent for the use of Zoloft. On 6/26/24 at 3:58 PM Staff 16 (RNCM) acknowledged there was no consent for Resident 31's Zoloft.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/28/2024
NAME OF PROVIDER OR SUPPLIER: Hearthstone Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 2901 E. Barnett Road Medford, OR 97504	

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. 26991 Based on observation, interview, and record review it was determined the facility failed to ensure a resident was assessed to self-administer medications for 1 of 4 sampled residents (#6) reviewed for accidents. This placed residents at risk for unnecessary medications. Findings include: Resident 6 admitted to the facility in 2019 with a diagnosis of heart failure. An 4/12/24 quarterly MDS revealed Resident 6 was cognitively impaired. On 6/24/24 at 5:37 PM a bottle of antacid was observed on Resident 6's bedside table. Resident 6's clinical record revealed she/he was not assessed to self-administer antacids. On 6/24/24 at 5:39 PM Staff 18 (LPN) verified Resident 6 had medications at her/his bedside. Resident 18 stated Resident 6 was confused and should not have medications at the bedside unless she/he was assessed to be safe to self-administer medications. Staff stated Resident 6 was not assessed to self-administer medications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/28/2024
NAME OF PROVIDER OR SUPPLIER Hearthstone Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 E. Barnett Road Medford, OR 97504	

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. 26991 Based on interview and record review it was determined the facility failed to ensure residents' advance directives were in the clinical record and residents were provided advance directive information for 2 of 8 sampled residents (#s 3 and 24) reviewed for advance directives. This placed residents at risk for end of life choices not being honored. Findings include: 1. Resident 3 admitted to the facility in 2018 with a diagnosis of a stroke. A Resident Advance Directive Resident Information form revealed Resident 3's responsible party declined advance directive information. The form was signed 11/11/22. A care plan initiated in 2022 revealed Resident 3 declined advance directive information and staff would review Resident 3's end of life choices quarterly. The care plan also indicated Resident 3's advance directive was in Resident 3's clinical record. Resident 3's clinical record did not contain her/his advance directive. On 6/25/24 at 12:29 PM Staff 11 (Social Services) stated advance directive information was provided when a resident was admitted to the facility. During care conferences residents' advance directive status was to be reviewed. Staff 11 acknowledged Resident 3 was offered advance directive information in 2022 and not after that date. Staff 11 also stated the resident's record did not contain an advance directive. 2. Resident 24 readmitted to the facility in 2024 with a diagnosis of Parkinson's disease. A care plan initiated on 5/7/24 indicated Resident 24's desires and wishes would be followed according to her/his signed directive. The care plan was revised on the same day to indicate Resident 24 declined advance directive information. A 3/26/24 significant change MDS revealed Resident 24 was cognitively intact. Resident 24's clinical record did not include her/his advanced directive or information to indicate advance directive information was provided. On 6/25/24 at 12:23 PM Resident 24 stated a family member had a copy of her/his advance directive. On 6/26/24 at 8:06 AM Staff 18 (Social Services) stated Resident 24's advance directive was not in her/his clinical record.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hearthstone Nursing & Rehabilitation Center	2901 E. Barnett Road Medford, OR 97504

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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. 26991 Based on interview and record review it was determined the facility failed to ensure a NOMNC (Notice of Medicare Non-Coverage) was provided to 1 of 3 sampled residents (#19) reviewed for beneficiary notices. This placed residents at risk for being uninformed regarding their appeal rights. Findings include: Resident 19 admitted to the facility in 2024 with a diagnosis of a leg fracture. A Beneficiary Protection Notification form revealed Resident 19's covered services ended 6/13/24. The resident signed the form one day prior on 6/12/24, which was less than 72 hours prior notice to services ending. On 6/26/24 at 8:03 AM Staff 10 (Social Services) stated a NOMNC was to be provided 72 hours before services ended. This provided the resident time to appeal the decision and he helped residents with the appeal process if needed. Staff 10 acknowledged the form was provided to Resident 19 one day prior to the end of her/his services. Staff 10 stated he would provide documentation for the reason the resident did not receive the notice within the required timeframe. No additional information was provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hearthstone Nursing & Rehabilitation Center	2901 E. Barnett Road Medford, OR 97504

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 34703 Based on observation, interview, and record review it was determined the facility failed to ensure the environment was free of loud noises for 1 of 2 halls reviewed. This placed residents at risk for an uncomfortable environment. Findings include: The 2/15/24, 3/13/24, and 4/16/24 Resident Council meeting minutes revealed residents complained noise levels in the facility were loud on day, evening and night shifts and it was disruptive.The facility's response to the noise levels was to educate the staff. On 6/26/24 the following was observed: -At 2:30 PM multiple individuals in scrubs were in hall one near the nurse's station speaking loudly to each other. -At 4:30 PM staff in hall two yelled to each other down the hall. On 6/27/24 at 8:02 AM multiple staff talking loudly in both halls and the nurses station. On 6/27/24 at 4:45 PM this surveyor was in hall two away from the nurses station and heard multiple staff members who were laughing and talking loudly. On 6/24/24 at 3:08 PM Resident 27 stated she/he heard staff talk loud and yell down the hall all day and night. On 6/26/23 at 8:33 AM Resident 20 stated the facility was loud throughout the day, evening and night shifts. Resident 20 stated she/he had to keep her/his door closed but still heard staff yelling in the hall. On 6/26/24 at 2:31 PM Resident 3's family member stated when they visit Resident 3 on day or evening shifts the building was so loud they could not hear the resident speaking and the noise was disruptive. On 6/27/24 at 8:35 AM Staff 23 (CNA) and Staff 24 (CNA) stated multiple residents complained of the noise in the facility during all shifts. On 6/27/24 at 4:54 PM Staff 10 (Social Service Director) acknowledged residents complained multiple times regarding the noise levels and staff were provided education. On 6/27/24 at 5:00 PM Staff 1 (Administrator) and Staff 3 (Regional Director of Clinical) acknowledged noise levels were loud and stated the facility could do more to keep the noise down

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/28/2024
NAME OF PROVIDER OR SUPPLIER Hearthstone Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 E. Barnett Road Medford, OR 97504	

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 34703 Based on observation, interview and record review it was determined the facility failed to ensure care conferences were conducted as required for 4 of 8 sampled residents (#s 3, 20, 24, and 42) reviewed for advance directives, and failed to revise care plans for 1 of 1 sampled resident (#1) reviewed for mobility. This placed residents at risk for lack of participation in care goals and unmet needs. Findings include: 1. Resident 1 admitted to the facility in 1998 with diagnoses including brain damage and paraplegia. Review of Resident 1's medical record revealed no information regarding the resident's ability to use the call light safely. The current care plan dated 5/24/24 instructed staff to monitor call light placement during rounds and as needed. On 6/25/24 at 8:52 AM Resident 1 was observed sitting in her/his wheelchair. The call light was on the floor by the head of the bed and out of the resident's reach. On 6/25/24 at 2:09 PM Resident 1 was observed lying in bed on her/his left side with the call light out of her/his reach. On 6/26/24 at 8:36 AM Resident 1 was observed sitting in her/his wheelchair with the call light under her/his bed and out of reach. On 6/26/24 at 8:44 AM Staff 21 (CNA) reported Resident 1's call light was intentionally kept out of reach because the resident did not know how to use the call light. On 6/27/24 at 8:25 AM Staff 24 (CNA) stated Resident 1 was not able to use the call light so it was not given to her/him. On 6/27/24 at 9:36 AM Staff 16 (RNCM) indicated Resident 1 was not assessed for appropriate use of a call light. 2. Resident 20 admitted to the facility in 2023 with diagnoses including PTSD (post- traumatic stress disorder) and depression. A review of the 12/22/23 Interdisciplinary Team Care Plan Conference and Welcome Meeting Form for Resident 20 revealed no quarterly care conferences were provided after 12/22/23. On 6/24/24 at 1:17 PM Resident 20 stated she/he had PTSD, did not participate in a care conference, and would like to discuss her/his care needs with staff. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hearthstone Nursing & Rehabilitation Center	2901 E. Barnett Road Medford, OR 97504

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 6/27/24 at 3:38 PM Staff 3 (Regional Director of Clinical) confirmed quarterly care conferences were not conducted with Resident 20 to address care plan needs quarterly. 26991 3. Resident 3 admitted to the facility in 2023 with a diagnosis of a stroke. Resident 3's clinical record revealed a MDS assessment was completed on 3/30/24. Record review revealed no evidence a care conference was conducted after the 3/30/24 MDS assessment. On 6/25/24 at 12:29 PM Staff 15 (Social Services) acknowledged Resident 3 did not have a care conference after her/his most recent MDS assessment. 4. Resident 24 admitted to the facility in 2024 with a diagnosis of Parkinson's disease. Resident 24's clinical record revealed a significant change MDS was completed on 3/26/24, and indicated Resident 24 was cognitively intact. On 6/24/24 at 9:32 AM Resident 24 stated she/he did not participate in a care conference for a long time. On 6/26/24 3:39 PM Staff 16 (RNCM) stated care conferences were scheduled by social services and conducted after admission, after quarterly and significant change MDSs, and as needed. Staff 16 stated Resident 16 did not have a care conference after her/his latest assessment. 41455 5. Resident 42 admitted to the facility in 2023 with diagnoses including diabetes and depression. A 2/23/23 initiated care plan indicated healthcare directives were to be reviewed with Resident 42 each quarter to ensure her/his care plan needs had not changed. A review of Interdisciplinary Team Care Plan Conference and Welcome Meeting Forms for Resident 42 revealed no quarterly care conferences were provided after 6/5/23 until 6/12/24. On 6/25/24 at 3:47 PM Staff 10 (Social Services) confirmed quarterly care conferences were not offered or conducted with Resident 42 to address care plan needs as expected during the previous year.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/28/2024
NAME OF PROVIDER OR SUPPLIER Hearthstone Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 E. Barnett Road Medford, OR 97504	

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 34703 Based on observation, interview and record review it was determined the facility failed to complete a thorough investigation for falls for 1 of 5 sampled residents (#27) reviewed for medications. This placed residents at risk for accidents. Findings include: Resident 27 admitted to the facility in 2022 with diagnoses including PTSD (post-traumatic stress disorder), depression and anxiety. An 8/27/23 Significant Change MDS indicated Resident 27 received psychotropic medication which included the following risk factors: increased falls and impaired balance. The assessment also indicated the care plan would be reviewed to monitor for the effectiveness of the psychotropic medication and any adverse side effects. A 6/6/24 care plan indicated Resident 27 required partial to moderate assistance for sit to stand and partial to moderate assistance for chair to bed and to chair. Resident 27 was at risk for falls related to impaired mobility, impaired cognition, incontinence, medication use, pain, poor safety awareness and impulsiveness. Staff were to attempt to keep the resident's room set-up for transfers in case she/he attempted to self-transfer. Interventions included: anticipate needs, bed in low position, review information on past falls and attempt to determine the cause of the falls, record root causes, remove causes if possible, educate the resident and caregivers and keep her/his wheelchair brakes locked next to bed. The 6/14/24 Fall Investigation document indicated the resident was found on her/his floor. Resident 27 stated she/he attempted to get into her/his wheelchair without help and fell . The report did not include when and what care was provided before the falls such as if staff visually observed the resident, provided toileting assistance, or if medication for pain or anxiety was administered. Additionally no interviews of staff were found. The 6/16/24 Fall Investigation document indicated the resident was found on her/his floor. Resident 27 stated she/he was unable to give a description of what happened. The report did not include when and what care was provided before the falls such as if staff visually observed the resident, provided toileting assistance, or if medication for pain or anxiety was administered. Additionally no interviews of staff were found. On 6/27/24 at 3:12 PM Staff 3 (Regional Director of Clinical) acknowledged there were no interviews of staff and the information for care provided prior to the 6/14/24 and 6/16/24 falls incidents was not completed. Staff 3 confirmed the fall investigations for Resident 27 were not thorough.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/28/2024
NAME OF PROVIDER OR SUPPLIER Hearthstone Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 E. Barnett Road Medford, OR 97504	

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 47001 Based on observation, interview, and record review it was determined the facility failed to ensure oxygen was in place as ordered for 1 of 1 sampled resident (#12) reviewed for respiratory care. This placed residents at risk for impaired respiratory status. Findings include: Resident 12 admitted to the facility in 10/2022 with diagnoses including chronic obstructive pulmonary disease (a lung disease causing restricted airflow and breathing problems). A review of Resident 12's Physician Orders revealed a 6/4/24 order for continuous oxygen. On 6/24/24 at 12:31 PM Resident 12 was observed without oxygen. On 6/24/24 at 5:18 PM Resident 12 was observed without oxygen. Staff 31 (CNA) verified Resident 12 was not using oxygen and stated she/he usually used oxygen. On 6/27/24 at 7:31 AM Staff 26 (LPN Unit Manager) confirmed Resident 12 had orders for continuous oxygen and stated she expected staff to ensure Resident 12 was using oxygen per orders.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/28/2024
NAME OF PROVIDER OR SUPPLIER: Hearthstone Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 2901 E. Barnett Road Medford, OR 97504	

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 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observe each nurse aide's job performance and give regular training. 35855 Based on interview and record review it was determined the facility failed to ensure CNA staff annual performance reviews were completed for 3 of 5 sampled CNA staff (#s 4, 5, and 6) reviewed for staffing. This placed residents at risk for a lack of competent staff. Findings include: A review of personnel records on 6/27/24 indicated the following employees did not receive their annual performance evaluations: - Staff 4 (CNA) was hired on 4/9/07 and the facility was unable to provide a performance review. - Staff 5 (CNA) was hired on 8/28/15 and the facility was unable to provide a performance review. - Staff 6 (CNA) was hired on 1/15/18 and the facility was unable to provide a performance review. On 6/27/24 at 7:15 AM Staff 1 (Administrator) stated he was unable to locate performance reviews for Staff 4, Staff 5, and Staff 6.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hearthstone Nursing & Rehabilitation Center	2901 E. Barnett Road Medford, OR 97504

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26991 Based on observation, interview, and record review it was determined the facility failed to ensure narcotics were disposed timely for 3 of 4 medication carts (Wing 1, Wing 2, and Wing 3) reviewed for medication storage. Findings include: 1. Resident 108 admitted to the facility in 2024 after back surgery. Resident 108's clinical record revealed she/he was discharged on [DATE]. A Disposal of Controlled Drugs form revealed 62 tablets of Resident 108's diazepam (anti-anxiety medication) was not destroyed until 6/27/24. On 6/27/24 at 10:54 AM Staff 2 (DNS) stated when a resident was discharged or a resident's narcotic medication was discontinued the controlled substance was to be removed from the medication cart and destroyed by two nurses or one nurse and one CMA. Staff should destroy the medication within one or two days. Staff 2 stated she was not aware the medication cart contained controlled substances which needed to be destroyed. 2. Resident 4 admitted to the facility in 2024 with a diagnosis of amputation. Resident 4's orders revealed her/his Norco (narcotic pain medication) was discontinued on 5/22/24. A Disposal of Controlled Drugs form revealed 15 tablets of Resident 4's Norco were not destroyed until 6/27/24. On 6/27/24 at 10:54 AM Staff 2 (DNS) stated when a resident was discharged or a resident's narcotic medication was discontinued the controlled substance was to be removed from the medication cart and destroyed by two nurses or one nurse and one CMA. Staff should destroy the medication within one or two days. Staff 2 stated she was not aware the medication cart contained controlled substances which needed to be destroyed. 3. Resident 109 admitted to the facility after surgery. Resident 109's clinical record revealed she/he was discharged on [DATE]. A Disposal of Controlled Drugs form revealed 50 tablets of Resident 109's Tramadol (pain medication) was not destroyed until 6/27/24. On 6/27/24 at 10:54 AM Staff 2 (DNS) stated when a resident was discharged or a resident's narcotic medication was discontinued the controlled substance was to be removed from the medication cart and destroyed by two nurses or one nurse and one CMA. Staff should destroy the medication within one or two days. Staff 2 stated she was not aware the medication cart contained controlled substances which needed to be destroyed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/28/2024
NAME OF PROVIDER OR SUPPLIER Hearthstone Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 E. Barnett Road Medford, OR 97504	

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. Resident 107 admitted to the facility in 2023 with a diagnosis of heart failure Resident 107's clinical record revealed she/he was discharged on [DATE]. A Disposal of Controlled Drugs form revealed five mL of Morphine (liquid narcotic pain medication) was destroyed on 6/27/24. On 6/27/24 at 10:54 AM Staff 2 (DNS) stated when a resident was discharged or a resident's narcotic medication was discontinued the controlled substance was to be removed from the medication cart and destroyed by two nurses or one nurse and one CMA. Staff should destroy the medication within one or two days. Staff 2 stated she was not aware the medication cart contained controlled substances which needed to be destroyed. 5. Resident 13 admitted to the facility in 2024 with a diagnosis of chronic lung disease. Resident 13's clinical record revealed she/he was discharged on [DATE]. A Disposal of Controlled Drugs form revealed 60 tablets of Resident 13's Tramadol (pain medication) was destroyed on 6/27/24. On 6/27/24 at 10:54 AM Staff 2 (DNS) stated when a resident was discharged or a resident's narcotic medication was discontinued the controlled substance was to be removed from the medication cart and destroyed by two nurses or one nurse and one CMA. Staff should destroy the medication within one or two days. Staff 2 stated she was not aware the medication cart contained controlled substances which needed to be destroyed. 6. Resident 204 admitted to the facility in 2024 with a diagnosis of pneumonia. Resident 204's clinical record revealed her/his morphine was discontinued 5/16/24. A Disposal of Controlled Drugs form revealed 46 tablets of Resident 204's morphine was destroyed on 6/27/24. On 6/27/24 at 10:54 AM Staff 2 (DNS) stated when a resident was discharged or a resident's narcotic medication was discontinued the controlled substance was to be removed from the medication cart and destroyed by two nurses or one nurse and one CMA. Staff should destroy the medication within one or two days. Staff 2 stated she was not aware the medication cart contained controlled substances which needed to be destroyed. 7. Resident 14 admitted to the facility in 2024 with a diagnosis of chronic lung disease. Resident 14's clinical record revealed she/he was discharged on [DATE]. A Disposal of Controlled Drugs form revealed 60 tablets of Tramadol (pain medication) was destroyed on 6/27/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/28/2024
NAME OF PROVIDER OR SUPPLIER Hearthstone Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 E. Barnett Road Medford, OR 97504	

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 6/27/24 at 10:54 AM Staff 2 (DNS) stated when a resident was discharged or a resident's narcotic medication was discontinued the controlled substance was to be removed from the medication cart and destroyed by two nurses or one nurse and one CMA. Staff should destroy the medication within one or two days. Staff 2 stated she was not aware the medication cart contained controlled substances which needed to be destroyed. 8. Resident 106 admitted to the facility in 2023 after surgery. Resident 106's record revealed she/he was discharged on [DATE]. A Disposal of Controlled Drugs form revealed 33 tablets of Resident 106's Norco (narcotic pain medication) was destroyed on 6/27/24. On 6/27/24 at 10:54 AM Staff 2 (DNS) stated when a resident was discharged or a resident's narcotic medication was discontinued the controlled substance was to be removed from the medication cart and destroyed by two nurses or one nurse and one CMA. Staff should destroy the medication within one or two days. Staff 2 stated she was not aware the medication cart contained controlled substances which needed to be destroyed. 9. Resident 8 admitted to the facility in 2023 with a diagnosis of infection. Resident 8's clinical record revealed she/he was discharged on [DATE]. A Disposal of Controlled Drugs form revealed 47 tablets of Resident 8's oxycodone (narcotic pain medication) was destroyed on 6/27/24. On 6/27/24 at 10:54 AM Staff 2 (DNS) stated when a resident was discharged or a resident's narcotic medication was discontinued the controlled substance was to be removed from the medication cart and destroyed by two nurses or one nurse and one CMA. Staff should destroy the medication within one or two days. Staff 2 stated she was not aware the medication cart contained controlled substances which needed to be destroyed. 10. Resident 110 admitted to the facility in 2023 with spinal injury. Resident 110's clinical record revealed she/he was discharged on [DATE]. A Disposal of Controlled Drugs form revealed 20 mL of Resident 110's liquid morphine (pain medication) was destroyed on 6/27/24. On 6/27/24 at 10:54 AM Staff 2 (DNS) stated when a resident was discharged or a resident's narcotic medication was discontinued the controlled substance was to be removed from the medication cart and destroyed by two nurses or one nurse and one CMA. Staff should destroy the medication within one or two days. Staff 2 stated she was not aware the medication cart contained controlled substances which needed to be destroyed. 11. Resident 111 admitted to the facility in 2024 with a diagnosis of seizures. Resident 111's clinical record revealed she/he was discharged on [DATE]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hearthstone Nursing & Rehabilitation Center	2901 E. Barnett Road Medford, OR 97504

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A Disposal of Controlled Drugs form revealed 180 mL of residents narcotic medication (name of drug not listed) was destroyed on 6/27/24. On 6/27/24 at 10:54 AM Staff 2 (DNS) stated when a resident was discharged or a resident's narcotic medication was discontinued the controlled substance was to be removed from the medication cart and destroyed by two nurses or one nurse and one CMA. Staff should destroy the medication within one or two days. Staff 2 stated she was not aware the medication cart contained controlled substances which needed to be destroyed. 12. Resident 19 admitted to the facility in 2024 with a diagnosis of fracture. Resident 19's clinical record revealed she/he was discharged on [DATE]. A Disposal of Controlled Drugs form revealed nine tablets or Resident 19's Norco (narcotic pain medication) was destroyed on 6/27/24. On 6/27/24 at 10:54 AM Staff 2 (DNS) stated when a resident was discharged or a resident's narcotic medication was discontinued the controlled substance was to be removed from the medication cart and destroyed by two nurses or one nurse and one CMA. Staff should destroy the medication within one or two days. Staff 2 stated she was not aware the medication cart contained controlled substances which needed to be destroyed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/28/2024
NAME OF PROVIDER OR SUPPLIER: Hearthstone Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 2901 E. Barnett Road Medford, OR 97504	

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. 34703 Based on interview and record review it was determined the facility failed to monitor anticoagulants for 1 of 5 sampled resident (#20) reviewed for pain and ensure insulin was held for 1 of 5 sampled resident (# 31) reviewed for medications. This placed residents at risk for adverse side effects of medications and low blood sugar levels. Findings include: 1. Resident 20 admitted to the facility in 2023 with diagnoses including PTSD (post- traumatic stress disorder) and pulmonary embolism (blood clot in the lungs). An 4/13/24 signed physician order indicated Resident 20 received Apixiban (anticoagulant medication used to treat and prevent blood clots). The 6/2024 Monitors document revealed the following from 6/5/24 through 6/25/24 for Resident 20: -The Monitor adverse reactions for the use of an anticoagulant section was completed using a checkmark instead of a specific numeric code. Adverse reaction monitoring for an anticoagulant included: monitoring for bleeding, bruising and shortness of breath. On 6/27/24 at 9:41 AM Staff 16 (RNCM) stated he was not notified by nursing staff the previous monitoring for Resident 20's anticoagulant medication was discontinued as of 6/4/24. Staff 16 acknowledged Resident 20 was not thoroughly assessed or monitored accurately. 26991 2. Resident 31 admitted to the facility in 2022 with a diagnosis of diabetes. A 6/2024 MAR revealed staff were to hold Resident 31's insulin if the CBG result was less than 100. Three out of 12 times insulin was not held on 6/1/24, 6/6/24, and 6/8/24 when the CBG test result was less than 100. On 6/26/24 Staff 16 (RNCM) acknowledged the insulin was not held as ordered.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/28/2024
NAME OF PROVIDER OR SUPPLIER: Hearthstone Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 2901 E. Barnett Road Medford, OR 97504	

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. 34703 Based on interview and record review it was determined the facility failed to consistently monitor residents on psychotropic medications for 3 of 5 sampled residents (#s 20, 27 and 38) reviewed for psychotropic medications. This placed residents at risk for receiving unnecessary psychotropic medications. Findings include: 1. Resident 20 admitted to the facility in 2023 with diagnoses including PTSD (post-traumatic stress disorder) and depression. An 10/17/23 signed physician order indicated Resident 20 received Citalopram for depression. The 6/2024 Monitors document revealed the following from 6/5/24 through 6/25/24 for Resident 20: -The monitor adverse reactions for the use of an antidepressant section was completed using a checkmark instead specific numeric code related to the behavior and number of episodes. Adverse reactions included: the resident's behaviors, adverse side effects and interventions. -The monitor behavior code and number of episodes section was completed using a checkmark instead of a specific numeric code related to the behavior and number of episodes. -The record interventions and outcomes section was completed using a checkmark instead of a specific numeric code related to the behavior and number of episodes. On 6/27/24 at 9:41 AM Staff 16 (RNCM) stated he was not notified by nursing staff the previous monitoring for Resident 20's antidepressant medication was discontinued as of 6/4/24. Staff 16 acknowledged Resident 20's outcomes for behaviors were not thoroughly assessed or monitored accurately. 2. Resident 27 admitted to the facility in 2022 with diagnoses including PTSD (post-traumatic stress disorder), depression, and anxiety. Signed physician orders dated 5/26/23, 12/1/23 and 2/21/24 indicated Resident 27 received Diazepam (antianxiety medication), Zoloft (antidepressant medication), and Burpropion (antidepressant medication) respectively. The 6/2024 Monitors document revealed the following from 6/5/24 through 6/25/24 for Resident 27: -The adverse reactions for the use of antidepressants section was completed using a checkmark instead of a specific numeric code related to the behavior and number of episodes. -The monitor for adverse reactions for anxiolytic medication section was completed using a checkmark instead of a specific numeric code. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/28/2024
NAME OF PROVIDER OR SUPPLIER Hearthstone Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 E. Barnett Road Medford, OR 97504	

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The behavior code and number of episodes section was completed using a checkmark instead of a specific numeric code. -The record interventions and outcomes section was completed using a checkmark instead of a specific numeric code related to the behavior and number of episodes. On 6/27/24 at 10:55 AM Staff 26 (LPN-Unit Manager) stated she was not notified by nursing staff the previous monitoring for Resident 27's antidepressant medications and anxiolytic medication were discontinued as of 6/4/24. Staff 26 acknowledged Resident 27's medication including her/his behaviors, adverse side effects and interventions and outcomes for behaviors were not monitored accurately. 41455 3. Resident 38 admitted to the facility in 2024 with diagnoses including depression and anxiety. An 4/12/24 signed Sedative Medication Informed Consent indicated Resident 38 received Trazadone (medication which helps improve mood) for insomnia and depression. An 4/12/24 physician order indicated Resident 38 was to receive Buspar (anxiolytic medication) twice daily for anxiety. An 4/30/24 physician order indicated Resident 38 was to receive Aripripazole (antidepressant medication) at bedtime. A 6/5/24 physician signed Order Review History Report indicated the following: -Monitor for adverse reactions for the use of Aripripazole and Buspar. Record the adverse reaction and number of episodes every day shift. -Record behaviors and number of episodes every shift for Buspar and Aripripazole. -Monitor the number of hours of sleep every night shift. The 6/2024 Monitors document revealed the following from 6/5/24 through 6/25/24 for Resident 38: -Behaviors and and adverse reactions for the use of Aripripazole and Buspar were indicated by a checkmark rather than noting specific behaviors or number of episodes. -Sleep was indicated by a checkmark and not by the number of hours. On 6/27/24 at 8:14 AM Staff 16 (RNCM) stated he was not notified by nursing staff the previous monitoring system for Resident 38's medications was discontinued as of 6/5/24. Staff 16 confirmed the impact of Resident 38's medications including her/his behaviors and side effects were not thoroughly assessed or monitored after system changes were implemented.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/28/2024
NAME OF PROVIDER OR SUPPLIER Hearthstone Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 E. Barnett Road Medford, OR 97504	

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 41455 Based on observation, interview and record review it was determined the facility failed to ensure adequate sanitation for 1 of 1 facility kitchen. This placed residents at risk for food-borne illnesses. Findings include: On 6/27/24 at approximately 11:00 AM and 11:35 AM Staff 28 (Cook) was observed to fill one of three sinks and a bucket for sanitizing with sanitizer solution as part of the pot washing process, and routine cleaning of kitchen surfaces. Staff 28 was observed to use a test strip to test the concentration of the sanitizer chemical. The test strip revealed the chemical concentration was at 150. Staff 28 confirmed, based on her observations earlier in the day, the sanitizer concentration was at the same level the morning of the same day when pot washing was completed. Staff 28 did not indicate there was any issue with the sanitizer concentration. On 6/27/24 at 11:31 AM Staff 12 (Dietary Manager) retested the sanitizer concentration level, indicated the sanitizer concentration level was at zero and not 150 and confirmed a measurement of sanitizer concentration at either zero or 150 was inadequate.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/28/2024
NAME OF PROVIDER OR SUPPLIER Hearthstone Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2901 E. Barnett Road Medford, OR 97504	

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 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse. 26991 Based on interview and record review it was determined the facility failed to ensure a resident understood an arbitration agreement for 1 of 3 sampled residents (#38) reviewed for arbitration. This placed residents at risk for loss of legal rights. Findings include: Resident 38 admitted to the facility in 2024 with a diagnosis of heart disease. An 4/29/24 admission MDS revealed Resident 38 was cognitively intact. A Patient and Facility Arbitration Agreement revealed Resident 38 signed the agreement on 4/27/24. On 6/26/24 at 11:17 AM Resident 38 stated she/he was in a coma when she/he arrived at the facility and did not recall the arbitration agreement. Resident 38 stated she/he recalled signing a large number of papers and the facility made it seem signing all the papers was urgent. On 6/27/24 at 7:50 AM Staff 59 (Admissions) stated residents signed approximately 13 forms upon admission. Staff stated she informed the resident if they agreed to the arbitration agreement they are giving away their right to trial. Staff 59 stated she told the residents if they agreed and signed, the resident was able to rescind the agreement within 30 days. Staff 59 stated she gave residents her business card if they had questions but did not go back to the residents to ensure they understood what they signed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hearthstone Nursing & Rehabilitation Center	2901 E. Barnett Road Medford, OR 97504

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 35855 Based on observation, interview and record review it was determined the facility failed to follow infection control standards for 1 of 5 sampled residents (#204) reviewed for medications and 1 of 1 dining room during random observations. This placed residents at risk for exposure and contraction of infectious diseases. Findings include. 1. Resident 204 admitted to the facility in 6/2024 a with diagnosis of pneumonitis (inflammation of lung tissue). On 6/26/24 at 7:19 AM Staff 29 (CNA) and Staff 30 (CMA) were in Resident 204's room. A contact precautions sign was posted and a PPE bin in place on the door. A mechanical transfer machine was in front of Resident 204 in her/his wheelchair. Staff 29 and Staff 30 did not have gowns on. At 7:21 AM Staff 29 was observed next to Resident 204's bed with no gown on. At 7:25 AM Staff 30 stated she stood by during Resident 204's transfer from wheelchair to bed and did not have contact with Resident 204. Staff 30 stated Staff 29 did not have a gown on during Resident 204's transfer. On 6/27/24 at 7:13 AM Staff 1 (Administrator) and Staff 3 (Regional Director of Clinical) stated the expectation of staff was to wear appropriate PPE for a resident on contact precautions during a transfer. 49676 2. On 6/24/24 at 12:12 PM Staff 33 (CNA) was observed in the main dining room during lunch assisting 2 residents without using hand sanitizer after wiping the mouths of each resident. On 6/25/24 at 12:15 PM Staff 32 (CNA) was observed in the main dining room during lunch assisting 2 residents without using hand sanitizer after wiping the mouths of each resident. On 6/27/24 at 1:03 PM Staff 27 (IP) stated staff should use hand hygiene in between each resident with whom they came in contact while providing meal assistance.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hearthstone Nursing & Rehabilitation Center	2901 E. Barnett Road Medford, OR 97504

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 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. 35855 Based on interview and record review it was determined the facility failed to have a system in place to ensure CNA staff received 12 hours of in-service training annually for 3 of 5 randomly selected staff members (#s 4, 6 and 8) reviewed for evidence of in-service training. This placed residents at risk for lack of competent staff. Findings include: A review of training records on 6/27/24 indicated the following employees did not receive 12 hours of annual in-service training: - Staff 4 (CNA) completed eight hours of in-service training. - Staff 6 (CNA) completed ten hours of in-service training. - Staff 8 (CNA) completed ten hours of in-service training. On 6/27/24 at 7:15 AM Staff 1 (Administrator) stated he would review records for additional hours. At 11:07 AM Staff 3 (Regional Director of Clinical) was informed the additional documentation did not meet the required annual 12 hours of in-service training for Staff 4, Staff 5, and Staff 8.