

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  12/07/2024
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)
<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>26991</p> <p>Based on interview and record review it was determined the facility failed to update a resident's POLST (physician orders for life sustaining treatment; end of life choices) for 1 of 4 sampled residents (#36) reviewed for ADLs. This placed residents at risk for end-of-life choices not being honored. Findings include:</p> <p>Resident 36 admitted to the facility in 2/2024 with a diagnosis of a brain injury.</p> <p>A POLST dated 2/5/24 indicated Resident 36 was to be resuscitated if her/his heart and breathing stopped.</p> <p>A 3/1/24 admission MDS and 6/1/24 quarterly MDS revealed Resident 36 had moderate cognitive impairment, but was able to make her/his needs known.</p> <p>An 8/26/24 Interdisciplinary Care Conference Form revealed Resident 36 notified staff she/he wanted to change her/his code status (POLST) to a DNR (do not resuscitate) status.</p> <p>At this time of the survey Resident 36's record did not include an updated POLST.</p> <p>On 12/4/24 at 10:59 AM Staff 37 (Social Services) acknowledged during the 8/2024 care conference Resident 36 voiced her/his desire to change her/his POLST from full resuscitation to no resuscitation and it was not updated.</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:  385091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/07/2024
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)		
<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35855</p> <p>Based on interview and record review it was determined the facility failed to ensure transfer notices with appeal rights were provided in writing to residents and their representatives, and to ensure the Office of the State Long-Term Care Ombudsman was notified of resident hospitalization s for 2 of 2 sampled resident (#s 4 and 36) reviewed for hospitalization s. This placed residents at risk of lack of access to an advocate to inform them of their options and rights, and a decreased quality of life. Findings include:</p> <p>Resident 4 admitted to the facility in 3/2021 with diagnoses including epilepsy.</p> <p>A review of Resident 4's nursing progress notes revealed she/he was discharged to the hospital on 10/30/24 due a seizure, and was readmitted to the facility on [DATE].</p> <p>No evidence was found in Resident 4's clinical record to indicate a transfer notice with appeal rights was provided in writing to her/his representative or the Office of the State Long-Term Care Ombudsman was notified of the resident's transfer to the hospital.</p> <p>On 12/4/24 at 1:53 PM Staff 2 (DNS) stated the facility did not have a system in place to ensure representatives and the ombudsman were notified when a resident discharged from the facility as required.</p> <p>26991</p> <p>2. Resident 36 admitted to the facility in 2/2024 with a diagnosis of a brain injury.</p> <p>A Progress Note dated 8/21/24 revealed Resident 36 was admitted to the hospital on 8/21/24.</p> <p>Resident 36's record did not include documentation to indicate the ombudsman was notified of the transfer to the hospital.</p> <p>On 12/4/24 at 12:08 PM Staff 37 (Social Services) stated she was not aware who was responsible to notify the the ombudsman of resident transfers to the hospital.</p> <p>On 12/4/24 at 12:14 PM a request was made to Staff 2 (DNS) to provide documentation the ombudsman was notified of Resident 36's transfer to the hospital. No additional information was provided.</p>		

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  12/07/2024
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)		
<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35855</p> <p>Based on interview and record review it was determined the facility failed to provide information regarding the facility's bed hold policy for 2 of 2 sampled residents (#s 4 and 36) reviewed for hospitalization . This placed residents at risk for lack of knowledge regarding the right to return to the same bed within the facility. Findings include:</p> <p>Resident 4 admitted to the facility in 3/2021 with diagnoses including epilepsy.</p> <p>A review of Resident 4's nursing progress notes revealed she/he was discharged to the hospital on 10/30/24 due a seizure and was readmitted to the facility on [DATE].</p> <p>No documentation was found in Resident 4's clinical record the facility's bed hold policy was reviewed with the resident or the resident's representative upon discharge to the hospital.</p> <p>On 12/4/24 at 1:53 PM Staff 2 (DNS) stated the facility did not have a system in place to ensure residents and representative were notified of the bed hold policy when discharged from the facility.</p> <p>26991</p> <p>2. Resident 36 admitted to the facility in 2/2024 with a diagnosis of a stroke.</p> <p>Progress Notes dated 8/21/24 revealed Resident 36 was discharged to the hospital on 8/21/24.</p> <p>Resident 36's record did not include documentation to indicate Resident 36 or her/his representative were provided with a copy of the facility's bed hold policy.</p> <p>On 12/4/24 at 12:08 PM Staff 37 (Social Services) stated upon admission residents were provided the bed hold policy. Staff 37 stated she was not sure who provided one prior to hospitalization .</p> <p>On 12/4/24 at 12:11 PM Staff 34 (Agency RN) stated the nurse on duty provided the bed hold policy to the resident at the time of discharge to the hospital. If the policy was provided staff documented it in the resident's progress notes.</p> <p>On 12/4/24 at 12:14 PM a request was made to Staff 2 (DNS) to provide documentation Resident 36 or her/his representative were provided copy of the facility's bed hold policy on 8/21/24. No additional information was provided.</p>		

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  12/07/2024
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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>26991</p> <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on observation, interview, and record review it was determined the facility failed to assist residents with hygiene for 2 of 4 sampled residents (#s 8 and 36) reviewed for ADLs. This placed residents at risk for lack of dignity. Findings include:</p> <p>1. Resident 8 admitted to the facility in 5/2021 with a diagnosis of Parkinson's disease.</p> <p>A 9/10/24 annual MDS revealed Resident 8 was cognitively intact, weak, and had an ADL impairment which required staff to assist with personal hygiene.</p> <p>A Shower form dated from 11/6/24 through 12/6/24 revealed Resident 8 had a shower or bed bath on multiple dates including 11/30/24 and 12/4/24.</p> <p>On 12/2/24 at 1:23 PM, 12/4/24 at 3:37 PM, and 12/5/24 at 11:15 AM Resident 8 was observed to have a mustache and a beard which was starting to grow in. Resident 8 stated she/he preferred to keep a mustache but otherwise liked to be clean shaved. Resident 8 also stated staff needed to help her/him and they usually helped about every two months.</p> <p>On 12/4/24 at 9:28 AM Staff 33 (CNA) stated it did not look like Resident 8 was shaved for awhile.</p> <p>On 12/5/24 at 12:52 PM Staff 6 (LPN Unit Manager) was notified Resident 8 was not shaved when provided bathing on 12/5/24 and Staff 6 indicated she would address Resident 8's shaving preference.</p> <p>2. Resident 36 admitted to the facility in 2/2024 with a diagnosis of a brain injury.</p> <p>A 3/1/24 admission MDS and 12/2/24 quarterly MDS revealed Resident 36 had moderate cognitive impairment, was able to make needs known, and was dependent for ADL care including personal hygiene.</p> <p>A 11/5/24 through 12/5/24 Shower form revealed Resident 36 received bathing on Tuesday and Friday including 11/29/24 and 12/3/24.</p> <p>On 12/3/24 at 8:28 AM Resident 36 stated she/he liked having a mustache but preferred to not have a beard. Resident 36 stated staff had to help her/him shave.</p> <p>On 12/4/24 at 9:28 AM Staff 34 (Agency RN) stated Resident 36 received a bed bath on 12/3/24 and verified she/he was not shaved.</p> <p>On 12/5/24 at 12:52 PM Staff 6 (LPN Unit Manager) was notified Resident 36 was not shaved when provided bathing on 12/3/24 and Staff 6 indicated she would address Resident 36's shaving preference.</p>		

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  12/07/2024
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)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>26991</p> <p>Based on interview and record review it was determined the facility failed to follow physician's orders and provide care and services to maintain the highest practicable level of well-being for 1 of 7 sampled residents (# 36) reviewed for hospitalization . Findings include:</p> <p>1. Resident 36 admitted to the facility in 2/2024 with a diagnosis of brain injury.</p> <p>An 8/9/24 Encounter note by Staff 36 (Physician) revealed Resident 36 was referred to GI (gastrointestinal; speciality in digestive system issues) and the Referral is in place to GI for liver disease.</p> <p>An 8/16/24 Encounter note by Staff 36 revealed Resident 36 was assessed for a change in condition. At the time of the assessment Resident 36 was observed to be at her/his baseline. The encounter notes included Resident 36 had liver disease and new orders were provided which included a note Is there GI follow up please .?</p> <p>Resident 36's clinical record revealed no GI consult report.</p> <p>On 12/4/24 at 8:50 AM Staff 22 (LPN) stated if a physician note indicated a referral was to be made, Staff 35 (Reception) was notified, and she made the referrals.</p> <p>On 12/4/24 at 8:55 AM Staff 35 stated she made appointments and set up rides for residents. Staff 35 was asked if a GI appointment was made for Resident 36. No additional information was provided.</p> <p>On 12/4/24 at 11:24 AM Staff 30 (LPN Unit Manager) stated Staff 36 treated Resident 36's liver condition and the resident did not need to go to a GI specialist. Staff 30 acknowledged Staff 36 wrote the note for a GI consult. Staff 30 was asked to documentation indicating a GI consult was not required. No additional information was provided.</p> <p>35855</p>		

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  12/07/2024
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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>41455</p> <p>Based on interview and record review it was determined the facility failed to ensure falls were evaluated timely and care plan interventions were updated, appropriate and followed for 2 of 2 sampled resident (#s 12 and 32) reviewed for accidents. This placed residents at risk for accidents. Findings include:</p> <ol style="list-style-type: none"> <li>1. Resident 12 admitted to the facility in 10/2024 with diagnoses including stroke and low blood pressure.</li> </ol> <p>An 10/9/24 Un-witnessed Fall investigation revealed Resident 12 crawled in her/his room to the doorway and slid herself/himself out of her/his chair. Resident 12 was reminded to use her/his call light and Zoloft (antidepressant medication) was added on 10/10/24 to assist with her/his impulsive behaviors. Investigation notes indicated the investigation was dated 10/30/24 (21 days after the incident) and the care plan was followed.</p> <p>An 10/11/24 at 7:30 AM Un-witnessed Fall investigation had no description of Resident 12's fall and the investigation notes were dated 10/30/24 (19 days after the incident).</p> <p>An 10/11/24 at 7:15 PM Un-witnessed Fall investigation revealed Resident 12 was found on the floor on her/his knees, bilateral fall mats were placed and the investigation notes were dated 10/30/24.</p> <p>The 10/2025 TAR indicated from 10/11/24 through 11/4/24 nurses were to ensure Resident 12 was not left unattended in her/his room with frequent safety checks.</p> <p>An 10/12/24 Admission MDS revealed Resident 12 was moderately cognitively impaired, was frequently incontinent of bowel and bladder, and had two or more falls in the facility since admission.</p> <p>An 10/12/24 Nursing Note indicated a late entry for alert charting for Resident 12's falls and antidepressant medication.</p> <p>An 10/13/24 Un-witnessed Fall investigation revealed Resident 12 had a bad dream and was assisted back to bed with continued observation through the resident's open door. Resident 12's Zoloft was scheduled to increase on 10/15/24 to her/his previous home dose. No additional care plan interventions were found. The investigation notes were dated 10/30/24 (17 days after the incident).</p> <p>An 10/14/24 Un-witnessed Fall investigation revealed Resident 12 was found on the floor behind a chair in her/his room with one non-slip sock on, was incontinent of urine and the addition of a sleep aid was planned for the next provider visit on 10/17/24. No additional care plan interventions were found. The investigation notes were dated 10/30/24 (16 days after the incident).</p> <p>An 10/20/24 Un-witnessed Fall investigation revealed Resident 12 was found at her/his bedside and rolled out of bed when she/he tried to get something. Resident 12 was evaluated by the interdisciplinary team and it was decided to add a bolster mattress as fall prevention care. The investigation notes were dated 10/30/24 (10 days after the incident).</p> <p>(continued on next page)</p>

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  12/07/2024
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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A 11/13/24 revised care plan indicated on 10/11/24 bilateral fall mats were in place, on 10/20/24 the use of her/his low bed was documented and on 10/23/24 a bolster mattress and long handled reacher were implemented.</p> <p>On 12/6/24 at 12:49 PM Staff 6 (LPN-Unit Manager) stated she was unaware the nursing intervention to check and not leave Resident 12 unattended stopped on 11/4/24. Staff 6 acknowledged Resident 12's fall investigations were not thorough and completed timely which would ensure fall interventions were evaluated, in place and the care plan updated.</p> <p>2. Resident 32 admitted to the facility in 10/2024 with diagnoses including dementia and pain in the right hip.</p> <p>The 10/20/24 Admission MDS indicated Resident 32 was severely cognitively impaired and had falls prior to admission.</p> <p>The 10/23/24 Un-witnessed Fall investigation revealed Resident 32 was observed to walk behind her/his wheelchair without assistance and was observed with a hematoma (a collection of blood that pools in the tissue after an injury) to the left side of her/his forehead, which was consistent with the handle bars of her/his wheelchair. The investigation was completed on 11/21/24 (28 days after the incident) and indicated the incident was unavoidable due to Resident 32's lack of safety awareness. The investigation indicated staff performed hourly safety checks, monitored the resident for three hours, and kept Resident 32 visible when she/he was in her wheelchair to prevent further falls.</p> <p>The 10/28/24 Un-witnessed Fall investigation revealed Resident 32 was found on the floor after a fall, and indicated the resident attempted to walk to the bathroom and hit her/his head. The investigation was completed on 11/25/24 (28 days after the incident) and indicated to offer toileting to Resident 32 upon rising, after meals and before bed to prevent further falls.</p> <p>The 11/11/24 Un-witnessed Fall investigation revealed Resident 32 was found on her/his back in front of the bathroom, the resident was monitored, and the care plan was in process. A 11/25/24 (14 days after the incident) note indicated, due to the resident's cognition, Resident 32 did not understand how to use her/his call light and an easier to operate call light was put into place.</p> <p>A 11/11/24 revised care plan indicated Resident 32 relied on one staff to assist with toileting and was at risk for falls with interventions which included: to use push palm call light for the resident, ensure her/his call light was within reach, toilet the resident upon rising, after meals and before bed, provide reminders, reorientation and cueing as needed, and Resident 32 needed activities to provide distractions that minimized falls. The care plan did not indicated the use of bilateral fall mats next to her/his bed or to have her/his bed in the lowest position.</p> <p>On 12/2/24 at 11:57 AM Resident 32 was observed in her/his bed resting with bilateral fall mats and her/his bed in the lowest position.</p> <p>On 12/3/24 at 8:33 AM Staff 39 (Regional Director of Clinical) was unable to provided documentation Resident 32 was assessed for the use of her/his push palm call light.</p> <p>(continued on next page)</p>		

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  12/07/2024
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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/4/24 at 11:30 AM Staff 21 (CNA) stated there were fall interventions on Resident 32's care plan which were not applicable to the resident. Staff 21 stated Resident 32 used briefs and was unable to be toileted or use her/his push palm call light because of her/his cognition.</p> <p>On 12/4/24 at 12:20 PM Staff 32 (CNA) stated the utilization of falls mats and her/his bed in the lowest position were not in Resident 32's care plan, but were used as interventions by staff to prevent her/his falls.</p> <p>On 12/4/24 at 3:58 PM Staff 30 (LPN-Unit Manager) stated fall mats for Resident 32 should not be used since the mats were a trip hazard for the resident and the care plan should be updated to have her/his bed in the lowest position. Staff 30 stated toileting for Resident 32 was appropriate and the care plan should be followed. Staff 30 acknowledged the resident's fall investigations were not completed timely and resulted in attempts to reduce falls that were not applicable for Resident 32.</p>		

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  12/07/2024
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)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>35855</p> <p>Based on interview and record review it was determined the facility failed to ensure residents received accurate provision of prescribed medications for 3 of 6 sampled residents (#s 2, 4 and 13) reviewed for medications and hospitalization s. This placed residents at risk for not receiving medications as prescribed. Findings include:</p> <p>1. Resident 2 was admitted to the facility in 12/2020 with diagnoses including heart failure.</p> <p>Review of the revised care plan dated 3/15/23 revealed Resident 2 had altered cardiovascular status due to hypotension with interventions which included to administer medications as ordered and monitor vital signs.</p> <p>Physician orders signed 11/17/24 instructed staff to administer metoprolol succinate (to treat chest pain, heart failure and high blood pressure) one time a day for hypertension, and to hold the medication if the resident's SPB (systolic blood pressure; the measure of force of blood against the artery walls while the heart beats) measured less than 100, or her/his DPB (diastolic blood pressure; the force of blood against the artery walls when the heart is relaxed and refilling with blood) measured less than 50, or her/his heart rate was less than 45 beats per minute.</p> <p>A review of the 11/2024 and 12/2024 MARs revealed staff were to administer metoprolol succinate one time a day for hypertension and to hold for SPB less than 100, DPB less than 50, or heart rate less than 45.</p> <p>A review of Resident 2's health record revealed on 12/2/24 at 7:17 AM Resident 2 was given metoprolol succinate when her/his blood pressure was documented as 96/57.</p> <p>A review of Resident 2's health record revealed on 12/2/24 at 4:00PM, Resident 13's blood pressure was documented as 174/70 and metoprolol succinate was administered.</p> <p>An interview on 12/7/24 at 9:31 AM with Staff 1 (Administrator) Staff 3 (Assistant Administrator), Staff 2 (DNS), Staff 9 (Vice President of Clinical), and Staff 31 (Senior Clinical Reimbursement), Staff 31 stated they expected the physician order to be followed.</p> <p>Resident 4 was admitted to the facility in 3/2021 with epilepsy.</p> <p>The 9/30/24 MDS indicated Resident 4 was rarely or never understood and was severely cognitively impaired.</p> <p>The 10/2024 MAR instructed staff to administer 25 milliliters lacosamide (an antiepileptic medication for seizures) two times a day for epilepsy with a start date of 1/22/24.</p> <p>The 10/26/24 8:00 AM and 8:00 PM MAR entries referred the reader to administration notes.</p> <p>Administration Notes revealed the following:</p> <p>(continued on next page)</p>		

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  12/07/2024
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)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-10/26/24 at 10:14 AM pharmacy was contacted, the order was refaxed, and the facility was waiting to receive the medication.</p> <p>-10/26/24 at 9:38 PM on order.</p> <p>A Nursing Note revealed the provider was notified on 10/28/24 that Resident 4 did not receive her/his lacosamide on 10/26/24.</p> <p>On 12/3/24 at 10:41 AM Staff 2 (DNS) and Staff 9 (Vice President) stated they expected staff to fax orders to the pharmacy the day the prescription was received.</p> <p>On 12/3/24 at 11:06 AM Witness 1 (Pharmacist) stated the physician would place an order to complete labs to check blood levels of the medication for a resident on lacosamide and the checks usually occurred during a change of dose.</p> <p>3. Resident 13 admitted to the facility in 12/2021 with diagnoses including orthostatic hypotension (condition where blood pressure drops quickly when standing up after sitting or lying down).</p> <p>A review of the 12/2024 MAR revealed staff were to administer midodrine (to treat low blood pressure) three times a day for hypotension while awake, and to hold the medication if the resident's SPB (systolic blood pressure; the measure of force of blood against the artery walls while the heart beats) measured greater than 140. On 12/2/24 for the 4:00 PM Resident 13's blood pressure was 174/70 and the MAR revealed metoprolol succinate was administered.</p> <p>Physician orders signed 12/3/24 with a review period from 11/3/24 through 12/3/24 instructed staff to administer midodrine three times a day for hypotension with a start date of 6/24/24.</p> <p>In an interview on 12/7/24 at 9:33 AM with Staff 1 (Administrator), Staff 3 (Assistant Administrator), Staff 2 (DNS), Staff 9 (Vice President of Clinical), and Staff 31 (Senior Clinical Reimbursement), Staff 31 stated she expected the physician order to be followed.</p>		

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  12/07/2024
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)		
<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>35855</p> <p>Based on interview and record review it was determined the facility failed to address pharmacy recommendations for 1 of 5 sampled residents (#13) reviewed for medications. This placed residents at risk for adverse medication reactions. Findings include:</p> <p>It was determined this citation met the criteria for Past Noncompliance based on the following:</p> <p>On 11/26/24 the Past Noncompliance was corrected when the facility completed an initial audit on 11/22/24 and identified the facility failed to ensure pharmacy recommendations were not addressed.</p> <p>The Plan of Correction included:</p> <ul style="list-style-type: none"> <li>-Completion of an audit to ensure provider followed up was completed and documented in the resident chart.</li> <li>-Nurse Managers were educated by the [NAME] President of Clinical regarding requirements related to pharmacy consultant recommendations. The DNS was educated on a pharmacy recommendations tracking system and would start the tracking system relative to the 11/2024 pharmacist recommendations to ensure timely follow-up.</li> <li>-Audits would be completed monthly for three months to ensure pharmacy recommendations were addressed and completed appropriately. Findings would be reviewed and reported to the QAPI Committee monthly for three months and ongoing as needed to ensure compliance was sustained.</li> </ul> <p>Resident 13 admitted to the facility in 12/2021 with diagnoses including orthostatic hypotension (condition where blood pressure drops quickly when standing up after sitting or lying down).</p> <p>A review of the 9/30/24 and 10/31/24 Recommendation Summary for Medical Director and DON reports revealed Resident 13 was scheduled to receive midodrine (to treat low blood pressure) at 8:00 AM, 12:00 PM and 8:00 PM, and the manufacture recommended to administer within four hours of lying down to sleep due to increased risk of supine hypertension (high blood pressure while lying down) as well as to assist with symptoms of hypotension during waking hours. A recommendation was made was to adjust administration times to four hours prior to Resident 13 lying down for bed, at 8:00 AM, 12:00 PM and 4:00 PM.</p> <p>An 10/2024 MAR instructed staff to administer midodrine three times a day for hypotension. The MAR indicated Resident 13 received midodrine at 8:00 AM, 12:00 PM and 8:00 PM through the month of 10/2024.</p> <p>A 11/2024 MAR instructed staff to administer midodrine three times a day for hypotension. The MAR indicated Resident 13 received midodrine from 11/1/24 through 11/14/24 at 8:00 AM, 12:00 PM and 8:00 PM. The pharmacy recommendation for administrations at 8:00 AM, 12:00 PM and 4:00 PM was not implemented until 11/15/24.</p> <p>(continued on next page)</p>		

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  12/07/2024
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)
<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 12/7/24 at 9:33 AM with Staff 1 (Administrator) Staff 3 (Assistant Administrator), Staff 2 (DNS), Staff 9 (Vice President of Clinical), and Staff 31 (Senior Clinical Reimbursement) revealed the facility identified the above concern and the facility did not always receive pharmacist reports.</p>

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  12/07/2024
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)		
<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>26991</p> <p>Based on interview, and record review it was determined the facility failed to conduct a resident's psychotropic GDRs (Gradual Dose Reduction) for 1 of 5 sampled residents (#17) reviewed for medications. This placed residents at risk for receiving unnecessary psychotropic medications. Findings include:</p> <p>Resident 17 was admitted to the facility in 2/2019 with diagnoses including a post-operative knee infection.</p> <p>A 2/22/23 Comprehensive (nursing) Summary (NSG) revealed Resident 17 was assessed to have mild depression.</p> <p>An 8/8/24 Patient Health Questionnaire revealed Resident 17 did not voice feeling down, depressed or hopeless.</p> <p>Resident 17's 9/18/24 Psychotropic Medication Review form revealed:</p> <p>Sertraline (antidepressant) was administered daily with a last GDR attempt on 6/15/22. The team agreed not to make changes at that time due to Resident 17's upcoming surgery and the medication review would be done the next quarter.</p> <p>Duloxetine (treats major depression and anxiety) was administered daily with the last GDR attempt on 6/15/22. The team agreed not to make changes at that time due to Resident 17's upcoming surgery and the medication review would be done the next quarter.</p> <p>Resident 17's record revealed no documented rationale for the lack of GDR per physician or pharmacy review.</p> <p>On 12/5/24 at 9:08 AM Staff 6 (LPN Unit Manager) stated Resident 17 did not have a negative mood or behavior.</p> <p>On 12/5/24 at 9:02 AM Staff 38 (CNA) stated Resident 17 was usually in a good mood. If Resident 17 was grumpy staff just had to find out the cause of what was bothering her/him and it would resolve the issue.</p> <p>On 12/5/24 at 9:29 AM Staff 40 (CNA) stated Resident 17 did not seem depressed. At times Resident 17 refused care but periodically all residents refused care.</p> <p>On 12/5/24 at 10:24 AM Staff 37 (Social Services) was asked to provide a rationale for not attempting a GDR of Resident 17's psychotropic medications since 2022. No additional information was provided.</p>		

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  12/07/2024
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)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50930</p> <p>Based on observation and interview it was determined the facility failed to properly dispose of expired medications for 1 of 1 medical storage room, 2 of 3 medication carts, and 2 of 3 resident medication storage refrigerators reviewed for medication storage. This placed residents at risk for lack of medication efficacy and adverse reactions from expired medications. Findings include:</p> <p>During a review of the medication storage room on 12/2/24 at 12:34 PM Staff 4 (RN) verified the following were found:</p> <ul style="list-style-type: none"> <li>- 11 bottles of alpha lipoic acid (a supplement) with an expiration date of 11/2024</li> <li>- two bottles of naproxen 220 mg (a pain reliever) with an expiration date of 11/2024</li> <li>- one bottle of Prosource No Carb (a supplement) with an expiration date of 12/1/24</li> <li>- two bottles of Osmolyte 1.5 (a supplement) with an expiration date of 8/2024</li> <li>- six bottles of Robitussin (a cough suppressant) with an expiration date of 11/2024</li> </ul> <p>During a review of the 300-hall resident medication storage refrigerator on 12/2/24 at 12:58 PM Staff 5 (LPN) verified the following were found:</p> <ul style="list-style-type: none"> <li>- three bags of IV Vancomycin 900 mg (an antibiotic medication administered directly into the vein through a flexible tubing) were ordered for a resident who discharged on [DATE] with a use by date of 10/24/24</li> </ul> <p>During a review of the 100-hall resident medication storage refrigerator on 12/2/24 at 1:25 PM Staff 6 (LPN/Unit Manager) verified the following was found:</p> <ul style="list-style-type: none"> <li>- a carton of moderately thickened water (water with an added thickening agent) with a best by date of 10/14/24</li> </ul> <p>During a review of the 300-hall medication cart on 12/2/24 at 2:53 PM Staff 5 (LPN) verified the following were found:</p> <ul style="list-style-type: none"> <li>- two bottles of Robitussin with an expiration date of 11/2024</li> <li>- one bottle of naproxen 220 mg with an expiration date of 11/2024</li> <li>- one bottle of Fem Flora Probiotic (a supplement) with an expiration date of 4/2024</li> <li>- one bottle of Active Liquid Protein (a supplement) opened 5/2024 with no expiration date</li> </ul> <p>(continued on next page)</p>		

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  12/07/2024
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)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- one bottle of nitroglycerin (a chest pain reliever) with an expiration date of 1/2022</p> <p>During a review of the 100-hall medication cart on 12/2/24 at 5:04 PM Staff 7 (CMA) verified the following were found:</p> <p>- one bottle of Vitamin D 25 mcg (a supplement) with an expiration date of 11/2024</p> <p>- one bottle of naproxen 220 mg with an expiration date of 11/2024</p> <p>- one bottle of Robitussin with an expiration date of 11/2024</p> <p>During an interview on 12/2/24 at 5:34 PM Staff 9 (Vice President of Clinical Services) stated the expectation was for all expired medications to be removed from medication storage areas and medication carts.</p>		