

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385112	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/09/2024
NAME OF PROVIDER OR SUPPLIER  West Hills Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  5701 SW Multnomah Blvd Portland, OR 97219	

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>42222</p> <p>Based on interview and record review it was determined the facility failed to implement care plan interventions to ensure adequate supervision was provided to prevent accidents for 1 of 3 sampled residents (#100) reviewed for hot beverage safety. This placed residents at risk for accidents. Findings include:</p> <p>Resident 100 was admitted to the facility in 2020 with diagnoses including encephalopathy (a disturbance of brain function) and dementia.</p> <p>Resident 100's care plan dated 3/22/23, revealed she/he was on an altered diet and required one to one supervision for meals to encourage intake. A care plan revision dated 4/11/23, noted that staff were not to leave cups in front of her/him without supervision.</p> <p>On 3/27/23 the facility submitted a report to the state agency which revealed Resident 100 was given a hot cup of tea on 3/26/23. Resident 100 picked up the cup, dropped it and some of the hot liquid splashed on her/his left thigh which resulted in a first degree burn.</p> <p>Resident 100 was not interviewed due to she/he was discharged from the facility.</p> <p>On 5/8/24 at 1:15 PM, Staff 5 (CNA) recalled the incident from 3/26/23 and stated an agency staff was assigned to supervise Resident 100 while she/he was eating in the dining room. Staff 5 stated she saw the resident grab the cup and it looked like the resident was about to throw it down. Staff 5 stated she walked to the nurse's station for about 30 seconds and by the time she walked back into the dining room, Resident 100 had dropped the cup and had hot liquid on her/his leg. Staff 5 did not recall where the agency staff was but confirmed the staff was not assisting Resident 100 with eating or drinking.</p> <p>On 5/9/24 at 11:44 AM, Staff 2 (DNS) stated she completed the risk management form related to Resident 100's burn. She stated the resident sustained a first degree burn with no blisters as a result of the liquid spill on 3/26/23.</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:  385112	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/09/2024
NAME OF PROVIDER OR SUPPLIER  West Hills Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  5701 SW Multnomah Blvd Portland, OR 97219	

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 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>42222</p> <p>Based on interview and record review it was determined the facility failed to ensure sufficient dietary staff were available to ensure food service was delivered in a timely manner for 1 or 1 kitchens reviewed. This placed residents at risk for unmet nutritional needs. Findings include:</p> <p>A public complaint was made to the state agency on 10/9/23 which alleged all meals were served late daily and timeliness had been an issue for several months.</p> <p>Witness 2 (Complainant) stated meals were served hours after the posted times and residents complained to staff their meals were late.</p> <p>On 5/1/24 at 2:51 PM, the Resident Council President stated the food was always served late and at times was cold.</p> <p>On 5/7/24 at 11:30 AM, Staff 10 (Cook) stated the dining room was served meals first, then east hall due to several residents who required one to one assistance with eating, then west hall and lastly, the skilled hall. Staff 10 stated there were staffing shortages in the facility.</p> <p>On 5/8/24 at 1:15 PM, Staff 5 (CNA) stated there was a shortage of dietary staff last fall and CNA's were told meals would be late due to the staff shortages. Staff 5 stated the meals were still served late on weekends and could be up to 45 minutes late.</p> <p>On 5/9/24 at 9:08 AM, Staff 6 (CNA) stated meals were served at least 45 minutes late and it was worse on weekends. Staff 6 stated there currently was still a shortage of dietary staff.</p> <p>On 5/9/24 at 1:30 PM, Staff 1 (Administrator) acknowledged meals were served late and she was in the process of hiring a new Dietary Manager.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385112	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/09/2024
NAME OF PROVIDER OR SUPPLIER  West Hills Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  5701 SW Multnomah Blvd Portland, OR 97219	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42222</b></p> <p>Based on observation, interview and record review it was determined the facility failed to ensure meals were served in a palatable and at appetizing temperatures for 2 of 2 sampled residents (#s 105 and 106) reviewed for food. This placed residents at risk for unmet nutritional needs. Findings include:</p> <p>The facility's Food Temperature policy, revised 8/2023, noted food should be transported as quickly as possible to maintain temperatures for delivery and service.</p> <p>The facility's 3/2024 Resident Council notes documented the food is always cold and tasteless, have to ask for coffee 2X (two times) because it's cold and portions are inconsistent.</p> <p>Resident 105 was admitted to the facility in 2022 with diagnoses including acute cystitis (bladder infection) and weakness.</p> <p>On 5/1/24 at 3:16 PM, Resident 105 stated the food was terrible and she/he usually ate peanut butter and jelly sandwiches for lunch and oatmeal and cinnamon rolls for dinner. She/he stated the scalloped potatoes were hard and most meals were not palatable.</p> <p>Resident 106 was admitted to the facility in 2023 with diagnoses including transverse myelitis (inflammation of the spinal cord) and Hepatitis B.</p> <p>On 5/7/24 at 11:49 AM, Resident 106 stated the food was horrible after the menus changed and the quality of the food had gone downhill. Resident 106 stated she/he ate salads the majority of the time due to the poor food quality.</p> <p>On 5/1/24 at 2:51 PM, the facility's Resident Council President stated the food was always late and at times was cold. She/he stated there had been complaints during Resident Council meetings about the food.</p> <p>On 5/2/24 at 12:53 PM, Staff 7 (CNA) stated almost all the residents complained the food was too cold, too salty, the meat was overcooked and the food was not palatable.</p> <p>On 5/7/24 at 1:25 PM a test tray was sampled. The meal consisted of shrimp coated in breading, salad, rice with vegetables, and sauteed vegetables. The shrimp's coating did not appear to be cooked and the shrimp was lukewarm, the rice was bland, had no taste and the sauteed vegetables were mushy and unappetizing.</p> <p>On 5/7/24 at 4:20 PM, Staff 9 (National Culinary Director for The [NAME] Group) stated the company used a standardized program across the country. Staff 9 stated he met with residents on 5/7/24 to discuss the food situation and the company was in the process of hiring a new dietary manager and acknowledged residents had complained about the food's palatability.</p> <p>On 5/9/24 at 9:08 AM, Staff 6 (CNA) stated about 90% of the residents complained the food was not palatable.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385112	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/09/2024
NAME OF PROVIDER OR SUPPLIER  West Hills Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  5701 SW Multnomah Blvd Portland, OR 97219	
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 0804  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	On 5/9/24 at 1:30 PM, Staff 1 (Administrator) acknowledged there were multiple complaints about the food and she was working on hiring a new dietary manager.		