

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2025
NAME OF PROVIDER OR SUPPLIER French Prairie Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 601 Evergreen Road Woodburn, OR 97071	

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 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p>34324</p> <p>Based on interview and record review it was determined the facility failed to notify a resident's responsible party in writing prior to a change in room of the reason for the room change for 1 of 3 sampled residents (#4) reviewed for resident rights. This placed residents at risk for potential adjustment difficulties and delayed responsible party notification related to changes in room location. Findings include:</p> <p>The facility's undated Room Move Notification policy indicated the following:</p> <ul style="list-style-type: none"> - The resident and the representative would be notified of a potential room move, providing as much advance notice as possible. -When the resident was being moved by the facility's request, the resident and/or resident representative must receive an explanation in writing of why the move was being requested. - The Social Service Director/designee was to ensure the resident and/or resident representative agreed to the potential move before the room move occurred. <p>Resident 4 admitted to the facility in 2024 with diagnoses including dementia.</p> <p>Resident 4's Admission Record indicated the resident's spouse (Witness 4) had power of attorney (POA) for finances and care.</p> <p>The 11/5/24 Brief Interview for Mental Status (BIMS) evaluation indicated Resident 4 was severely cognitively impaired.</p> <p>A 12/20/24 Social Services Quarterly Assessment indicated Witness 4 was very involved and was Resident 4's decision maker.</p> <p>A 1/2/25 progress noted completed by nursing staff indicated Resident 4 tested positive for COVID and consented to moving to another room and was moved.</p> <p>Review of Resident 4's medical record revealed no documentation Witness 4 was contacted, was provided written documentation of why a room change was needed, or consented to the Resident 4's room change.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/18/25 at 11:09 AM Witness 4 acknowledged she was not notified of Resident 4's room change and the room change caused conflict between Resident 4 and the new roommate.</p> <p>On 2/19/25 at 12:09 PM Staff 3 (SSD) stated staff were to notify a resident's representative and provide written documentation when a room change was to occur. Staff 3 stated Witness 4 was Resident 4's representative and decision maker. Staff 3 stated Witness 4 was not notified or provided written documentation of the room change.</p>