

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385125	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/06/2025
NAME OF PROVIDER OR SUPPLIER  Avamere Rehabilitation of Oregon City		STREET ADDRESS, CITY, STATE, ZIP CODE  1400 Division Street Oregon City, OR 97045	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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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.  51845  Based on interview and record review it was determined the facility failed to ensure residents were informed of the risks and benefits of psychotropic medications for 1 of 5 sampled residents (#14) reviewed for unnecessary medications. This placed residents at risk for being uninformed about their medications. Findings include:  Resident 14 was admitted to the facility in 11/2024 with diagnoses including depression.  Resident 14's 12/2024 Physician Orders indicated the resident was prescribed use of duloxetine and Wellbutrin (antidepressant medication) for depression.  Resident 14's 5/2025 MAR revealed the resident received duloxetine and Wellbutrin daily.  Review of Resident 14's medical record revealed no indication the resident was informed in advance of the risks and benefits of the duloxetine or Wellbutrin.  On 6/6/25 at 9:58 AM, Staff 2 (Director of Nursing) acknowledged Resident 14 was not informed of the risks and benefits of the use of duloxetine or Wellbutrin.		

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 0584</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 a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>34324</p> <p>Based on observation, interview, and record review it was determined the facility failed to provide a homelike environment for 1 of 4 sampled residents (#15) reviewed for environment. This placed residents at risk for lessened quality of life. Findings include:</p> <p>Resident 15 admitted to the facility in 2024 with diagnoses including asthma and congestive heart failure.</p> <p>The 5/18/24 Care Plan indicated Resident 15 had asthma and interventions to minimize contact with known offending allergens. Staff were to assist in identifying asthma triggers and strategies for prevention.</p> <p>On 6/2/25 at 11:14 AM the wall behind Resident 15's bed was observed to have a large section of missing sheet rock scattered across the wall. A significant amount of sheet rock pieces and sheet rock dust was observed scattered across the base board ledge and on the floor. Resident 15 stated the debris was caused by the bed hitting the wall and it had not been fixed.</p> <p>On 6/4/25 at 8:46 AM Staff 11 (CNA) stated damage to Resident 15's wall was due to the bed sliding into the wall. Staff 11 stated the wall had been in disrepair for about eight months.</p> <p>On 6/5/25 at 10:33 AM Staff 12 (CNA) stated Resident 15's wall was damaged for as long as he worked in the facility, about five and half months.</p> <p>On 6/4/25 at 9:05 AM Staff 8 (Maintenance Director) stated he was the Maintenance Director for two weeks but assisted the previous Maintenance Director for several weeks prior. Staff 8 stated he noticed Resident 15's wall was in disrepair but was not yet repaired due to having other projects.</p> <p>On 6/5/25 at 10:38 AM Staff 1 (Administrator) acknowledged Resident 15's wall was in despair, was not repaired in a timely manner and should have been repaired.</p>		

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F 0610  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Respond appropriately to all alleged violations.</p> <p>47005</p> <p>Based on interview and record review it was determined the facility failed to thoroughly investigate allegations of mental abuse for 1 of 2 sampled residents (#2) reviewed for abuse. This placed residents at risk for abuse. Findings include:</p> <p>Resident 2 admitted to the facility in 7/2024 with diagnoses including major depressive disorder and post-traumatic stress disorder.</p> <p>Resident 2's 2/16/25 Quarterly MDS indicated a BIMS score of 15 which indicated she/he was cognitively intact.</p> <p>On 6/2/25 at 12:10 PM Resident 2 stated she/he witnessed staff on several occasions mock and make fun of her delusions. Resident 2 stated she/he reported the incidents to someone in April, but nothing was done. Resident 2 stated the mocking and laughing took a mental toll on her/him, made her/him angry and made her/him not want to report the delusions anymore.</p> <p>On 6/5/25 at 12:52 PM Staff 6 (Social Services Director) and Staff 7 (Social Services Coordinator) stated Resident 2 reported the floor staff were making fun and laughing at her/him. Staff 6 stated Resident 2 did not want to file a grievance because she/he feared staff would retaliate against her/him. Staff 6 and Staff 7 stated a progress note was not made, and the concerns were not brought to facility administration to investigate.</p> <p>On 6/5/25 at 1:35 PM Staff 1 (Administrator) stated he was not aware of Resident 2's allegations. Staff 1 acknowledged all reports of abuse were to be investigated, even if a resident did not want to file a grievance.</p>		

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F 0644  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>52549</p> <p>Based on observation, interview and record review it was determined the facility failed to ensure a PASARR Level II (Preadmission Screening and Resident Review for individuals with a mental disorder and individuals with intellectual disability/developmental disability) was completed for 1 of 1 sampled resident (#30) reviewed for PASARR Level II. This placed residents at risk for not receiving specialized services. Findings include:</p> <p>Resident 30 was admitted to the facility in 12/2023 with diagnoses including schizoaffective disorder, bipolar type.</p> <p>A 6/24/24 PASARR Mental Health Evaluation was completed for Resident 30 which recommended a PASARR Level II be completed for a serious mental illness (SMI) and intellectual disability (ID)/Developmental Disability (DD).</p> <p>A 6/27/24 hospital discharge summary record indicated that Resident 30 had probable developmental delay.</p> <p>No evidence was found in Resident 30's medical record to indicate a PASARR Level II for ID/DD was completed.</p> <p>On 6/5/25 at 2:47 PM Staff 6 (Social Services Director) and Staff 5 (Social Services Coordinator) were present for an interview. Staff 6 stated she did not request a PASARR Level II for ID/DD for Resident 30. Staff 5 stated she did not know when to request a PASARR Level II for ID/DD. Both Staff 5 and Staff 6 stated they did not know when to request a PASARR Level II.</p> <p>On 6/5/25 at 3:51 PM Staff 1 (Administrator) stated he expected a PASARR Level II to be completed within 30 days if a PASARR Level I indicated the need for further evaluation. Staff 1 confirmed Resident 30 did not receive a PASARR Level II and needed one completed.</p>		

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>52549</p> <p>Based on observation, interview and record review it was determined the facility failed to ensure hearing aids fit properly and worked for 1 of 1 sampled resident (#45) reviewed for communication. This placed residents at risk for decreased quality of life. Findings include:</p> <p>Resident 45 was admitted to the facility in 1/2025 with diagnoses including bipolar disorder.</p> <p>Resident 45's 1/31/25 Admission MDS indicated Resident 45 could hear adequately with the assistance of aids or other hearing appliance.</p> <p>A 1/28/25 progress note indicated resident 45's hearing aid did not work.</p> <p>A 3/4/25 progress note indicated Resident 45 needed a new hearing aid as it was broken.</p> <p>On 6/3/25 at 8:58 AM, the State Surveyor interviewed Resident 45 and had to speak loudly, clearly, and close to Resident 45's face in order to be heard.</p> <p>On 6/3/25 at 8:58 AM, Resident 45 stated she/he was hard of hearing and could not hear well unless she/he wore hearing aids. Resident 45 stated she/he had hearing aids, but they no longer worked. Resident 45 stated she/he told Staff 15 (CMA) &amp; Staff 20 (RN) her/his hearing aids did not work and wanted them replaced.</p> <p>On 6/4/25 at 3:08 PM Staff 17 (CNA) stated Resident 45 did not like it when people talked loudly to her/him because she/he got overstimulated.</p> <p>On 6/5/25 at 10:56 AM Resident 45 was asked to show her/his hearing aids as she/he was not wearing them. The hearing aids were stored in a red cup in her/his bedside table. Four batteries were sitting in the cup; no sound was coming from the hearing aids. Resident 45 stated she/he lost a lot of weight (100 lbs), and the hearing aids haven't fit since admission. Resident 45 noted the last time the hearing aids were worn was about a week ago because they were broken. Resident 45 stated Staff 15 tried to fix them about a week ago and could not fix them.</p> <p>On 6/5/25 at 10:40 AM Staff 14 (CNA) stated Resident 45 utilized hearing aids, and her/his hearing aids did not work, and have not fit or worked since admission to facility.</p> <p>On 6/5/25 at 11:00 AM Staff 15 (RN) stated Resident 45 had hearing aids that never fit her/him or worked appropriately.</p> <p>On 6/5/25 at 3:32 PM with Staff 5 (Social Services Director) and Staff 6 (Social Services Coordinator), Staff 5 stated she did not know Resident 45 needed hearing aids. Staff 6 indicated she was aware Resident 45's hearing aids did not fit or work correctly since 1/2025; efforts were not made to get hearing aids repaired or replaced.</p> <p>(continued on next page)</p>		

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F 0685  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	On 6/5/25 at 4:16 PM Staff 2 (DNS) stated she expected staff to report broken or ill-fitting hearing aids to herself and social services and that social services would make efforts to get them repaired or replaced. Staff 2 stated she was unaware Resident 45's hearing aids did not fit and were broken.		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>51845</p> <p>Based on observation, interview and record review it was determined the facility failed to offer restorative services to increase range of motion for 1 of 1 sampled resident (#4) reviewed for rehabilitation and restorative. This placed resident at risk for decrease in range of motion. Findings include:</p> <p>The facility's Restorative Policy, dated 11/11/05, indicated the following:</p> <p>-It is the policy of this facility to provide its residents the restorative services in an effort to maintain the resident's highest level of self-care and independence, physically and psychosocially.</p> <p>Resident 4 was admitted to the facility in 1/2025 with diagnoses including pleural effusion (a excessive fluid build up in between the lungs and chest wall).</p> <p>Review of Resident 4's PT Discharge Summary on 2/28/25 indicated Resident 4 was seen for PT from 1/7/25 to 2/28/25.</p> <p>A 4/11/25 Care Conference Note indicated Resident 4 expressed interest to continue physical therapy and/or restorative services.</p> <p>A 4/17/25 Progress Note indicated Resident 4 would be a good fit for a restorative program to regain strength.</p> <p>No evidence was found in Resident 4's clinical record to indicate she/he received restorative services.</p> <p>On 6/2/25 at 3:22 PM, Resident 4 stated when she/he was admitted , she/he was able to stand and pivot onto a wheelchair and was able to ambulate. Resident 4 stated she/he had not received physical therapy services for over two months. Resident 4 thought she/he no longer qualified for PT but wanted to participate in restorative services. Resident 4 stated she/he was not offered ROM exercises.</p> <p>On 6/4/25 at 12:36 PM, Staff 16 (CNA) stated Resident 4 was dependent and required maximum assistance from staff to complete physical activity. Staff 16 stated she thought Resident 4 received restorative services but did not observe the resident participate.</p> <p>On 6/4/25 at 12:44 PM, Staff 22 (CNA) stated Staff 23 (Restorative Aide) provided a list of residents to the CNAs which included the residents enrolled in restorative services. Staff 22 stated Resident 4 was not enrolled.</p> <p>On 6/4/25 at 1:00 PM, Staff 23 stated all residents were discussed in monthly meetings to determine who would benefit from restorative services. Staff 23 stated Resident 4 was discussed at one point but did not receive an RA program because her caseload was full.</p> <p>(continued on next page)</p>		

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F 0688  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>On 6/4/25 at 2:10 PM, Staff 3 (RNCM) stated when a resident voiced interest in restorative services, she connected with the restorative assistant and conducted an assessment. Staff 3 stated she was unsure why the Resident 4 was not added to the caseload.</p> <p>On 6/4/25 at 3:20 PM, Staff 24 (Regional Administrator) stated she expected staff to offer residents restorative services to residents who expressed interest. Staff acknowledged Resident 4 needed restorative services.</p>		



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<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>51845</p> <p>Based on observation, interview and record review it was determined the facility failed to ensure biologicals were stored securely for 1 of 3 sampled medication carts reviewed for medication storage. This placed residents at risk for unauthorized access to drugs and biologicals. Findings include:</p> <p>The facility's 11/2020 Storage of Medications Policy specified the following:</p> <ul style="list-style-type: none"> <li>-Drugs and biologicals are stored in the packaging in which they are recieved.</li> <li>-Drugs and biologicals used in the facility are stored in locked compartments.</li> </ul> <p>The facility's 11/2020 Administering Medications Policy specified the following:</p> <ul style="list-style-type: none"> <li>- The individual adminstering the medication checks the label three times to verify the right resident, right medication, right dosage, right time and right route of adminstration before giving the medication.</li> </ul> <p>A review of Resident 13, 14, 18, 31, 32 and 38's 5/2025 MARs revealed the following:</p> <ul style="list-style-type: none"> <li>- Resident 13 received atorvastatin (lowered cholesterol levels), gabapentin (reduced nerve pain), and sertraline (anti-depressant).</li> <li>-Resident 14 received simvastatin (lowered cholesterol levels), docusate (stool softener), Topiramate (calmed overactive nerves in the body), and Dicyclomine (relaxed muscles in the stomach and bowel).</li> <li>- Resident 18 received atorvastatin (lowered cholesterol levels), Prazosin (lowered blood pressure), Senokot (stool softener), trazodone (anti-depressant), buspirone (anti-anxiety), gabapentin (reduced nerve pain).</li> <li>- Resident 31 received Tylenol (pain relief), atorvastatin (lowered cholesterol levels), Calcium supplement (maintained bone strength), lcosapent (controlled fat-like substance in the blood), baclofen (muscle relaxor), and gabapentin (reduced nerve pain).</li> <li>-Resident 32 received Prilosec (reduced acid in the stomach), Tylenol (pain relief), hydroxyzine (anti-anxiety), Risperdal (anti-psychotic), simvastatin (lowered cholesterol levels), sucralfate (treated ulcers), PRN morphine (narcotic pain relief) and Dilaudid (narcotic pain relief).</li> <li>- Resident 38 received aripiprazole (anti-psychotic), atorvastatin (lowered cholesterol levels), mirtazapine (anti-depressant), and tamsulosin (treated symptoms of an enlarged prostate).</li> </ul> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/4/25 at 3:50 PM, six plastic medication cups filled with medications and labeled with resident room numbers were observed in the top drawer of the medication cart in hall 100. In the same cart, one medication cup filled with medication pills and unlabeled was observed in the narcotic locked box of the medication cart.</p> <p>On 6/4/25 at 3:52 PM, Staff 25 (CMA) acknowledged she prepped evening scheduled medications early for Residents 13, 14, 18, 31, 32 and 38. Staff 25 stated she left prepped medications in the medication cart prior to leaving on a lunch break. She labeled plastic medication cups with the resident room number and placed the resident's medications that were scheduled to be administered between 4:00 PM to 8:00 PM and left the medication cups in the top shelf and in the narcotic drawer. Staff 25 stated that was her usual process because administering medication in a timely manner was challenging. Staff 25 acknowledged it was not best practice to pre-prepare medications.</p> <p>On 6/4/25 at 4:18 PM, Staff 2 (Director of Nursing) confirmed the presence of pre-prepped medications for residents in the medication cart and acknowledged pre-prepped medications stored in the medication cart was not proper medication storing.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47005</b></p> <p>Based on observation, interview and record review it was determined the facility failed to ensure staff followed transmission-based precautions for 1 of 5 sampled residents (#260) reviewed for infection control. This placed residents at risk for exposure and contraction of infectious diseases. Findings include:</p> <p>Resident 260 was admitted to the facility on [DATE] with diagnoses including clostridioides difficile (c-diff, a bacterium that can cause severe diarrhea and inflammation of the colon).</p> <p>Resident 260 on transmission-based precautions - enteric precautions at time of admission.</p> <p>An undated Avamere Contact Enteric Precautions facility procedure:</p> <ul style="list-style-type: none"> <li>-Everyone Must: Clean hands with sanitizer when entering room. Wash with soap and water upon leaving room.</li> <li>-Gown and glove before entering the room after hand hygiene has been completed.</li> <li>-Doctors and Staff Must: use resident dedicated or disposable equipment.</li> <li>-Clean and disinfect shared equipment between residents and before removing it from the resident's room.</li> </ul> <p>On 6/2/25 at 11:48 AM observed Staff 9 (CNA) enter Resident 260's room without donning PPE.</p> <p>On 6/2/25 at 11:51 AM observed Staff 9 exit Resident 260's room with the lunch tray, returned the tray to the meal cart, proceeded to kitchenette at front dining room then walked to main kitchen to retrieve a soup for Resident 260. Staff 9 did not wash or sanitize her hands after exiting Resident 260's room.</p> <p>On 6/2/25 at 12:01 PM Staff 9 stated she was aware Resident 260 was on transmission-based precautions for c-diff and staff was required to wear a mask, gown and gloves when providing care but thought PPE was not needed when delivering meals. Staff 9 acknowledged she did not wash her hands after leaving Resident 260's room.</p> <p>On 6/3/5 at 12:51 PM observed Staff 10 (CNA) wearing gloves and no PPE gown while placing a blanket on Resident 260. Staff 10 stated she had completed peri-care and had doffed her gown and mask when Resident 260 had asked for blanket. Staff 10 acknowledged she should have completed all care for Resident 260 before doffing all PPE.</p> <p>On 6/05/25 at 3:07 PM Staff 5 (LPN, IP) stated education was provided to all staff regarding transmission-based precautions and signs were posted outside of Resident 260's room. Staff 5 stated all staff were supposed to wear PPE when going into the room whether including answering the call light, dropping of the meal tray, placing on a blanket on the resident.</p> <p>(continued on next page)</p>		

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F 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>On 6/5/25 at 3:09 PM observed Resident 260 without wearing any PPE ambulating in the hallway during a therapy session.</p> <p>On 6/5/25 at 3:11 PM Staff 5 stated Resident 260 was still on transmission-based precautions and was supposed to remain in her/his room until cleared of c-diff.</p> <p>On 6/5/25 at 3:15 PM Staff 2 (DNS) stated she expected all staff to follow all transmission-based precautions at all times.</p>		