

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385132	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/19/2024
NAME OF PROVIDER OR SUPPLIER  Avamere Rehabilitation of King City		STREET ADDRESS, CITY, STATE, ZIP CODE  16485 SW Pacific Highway Tigard, OR 97224	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>47000</p> <p>Based on observation, interview and record review it was determined the facility failed to implement care plan interventions in the area of dining and nutrition for 1 of 2 sampled residents (#10) reviewed for nutrition. This placed residents at risk for unmet nutritional needs. Findings include:</p> <p>Resident 10 was admitted to the facility in 12/2016 with diagnoses including dysphagia (difficulty swallowing).</p> <p>Resident 10's 5/2/24 Annual MDS revealed the resident experienced short-and-long-term memory loss, was moderately impaired for decision making, required supervision or touching assistance with eating and was edentulous (without teeth).</p> <p>Resident 10's 5/16/24 Nutrition at Risk Care Plan indicated staff were to ensure the resident was in an upright position of 75 to 90 degrees during meals as the resident was considered at risk to aspirate.</p> <p>On 7/15/24 at 11:53 AM Resident 10 was observed to eat in bed. The resident's head-of-bed was elevated to approximately 45 degrees.</p> <p>On 7/17/24 at 8:07 PM Staff 10 (CNA) and at 8:27 PM Staff 19 (CNA) stated they were unsure of any positioning interventions or requirements at mealtimes for Resident 10.</p> <p>On 7/18/24 at 11:57 AM Resident 10 was observed to eat in bed. The resident's head-of-bed was elevated to approximately 45 degrees. Resident 10 was observed to hold her/his plate in her/his lap and food spilled from the resident's utensil as she/he attempted to eat. At 12:16 PM Staff 2 (DNS) and Staff 21 (Resident Care Coordinator) observed Resident 10 in bed with her/his meal tray. Staff 21 stated Resident 10 was supposed to be in an upright position at mealtimes. Staff 2 stated the resident's head-of-bed was between 30 to 40 degrees which was not considered an upright position.</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:  385132	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/19/2024
NAME OF PROVIDER OR SUPPLIER  Avamere Rehabilitation of King City		STREET ADDRESS, CITY, STATE, ZIP CODE  16485 SW Pacific Highway Tigard, OR 97224	
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>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>41458</p> <p>Based on observation, interview and record review it was determined the facility failed to ensure dependent residents received required assistance with ADLs for 2 of 5 sampled residents (#s 19 and 28) reviewed for ADLs. This placed residents at risk for unmet ADL needs and loss of dignity. Findings include:</p> <p>Resident 19 was admitted to the facility in 1/2017 with diagnoses including respiratory failure with hypoxia (when the respiratory system can not provide adequate oxygen to the body) and major depressive disorder.</p> <p>Observations from 7/15/24 through 7/17/24 between the hours of 8:12 AM and 2:39 PM revealed Resident 19 had numerous hairs, approximately 1/2 inch long, on her/his upper lip and lower portion of her/his chin.</p> <p>Resident 19's 5/16/24 Quarterly MDS indicated the resident had severe cognitive impairment and required substantial to maximal assistance from staff for personal hygiene care which included shaving.</p> <p>On 7/16/24 At 2:39 PM Resident 19 indicated she/he did not like hair on her/his upper lip and chin and she/he wanted the hair removed.</p> <p>On 7/17/24 at 8:13 AM Staff 14 (CNA) stated she had never been instructed to remove Resident 19's facial hair and she did not shave the resident's upper lip or chin hair.</p> <p>On 7/17/24 at 12:36 PM Staff 13 (LPN) confirmed Resident 9 had facial hair on her/his upper lip and lower portion of the chin. Staff 13 stated CNA staff would shave a resident's facial hair if the resident agreed. Resident 19 indicated to Staff 13 that she/he wanted her/his facial hair removed.</p> <p>On 7/18/24 at 8:57 AM Staff 2 (DNS) stated she expected staff to offer Resident 19 the opportunity to have her/his face shaved and to shave the resident if she/he agreed.</p> <p>43691</p> <p>2. Resident 28 was admitted to the facility in 2/2019 with diagnoses including obesity and polyneuropathy (damage to nerves in extremities resulting in weakness, numbness and/or pain).</p> <p>A 5/8/24 cognitive assessment indicated Resident 28 had normal cognitive function.</p> <p>A 5/10/24 Care Plan indicated Resident 28 required assistance from two staff members with bed baths.</p> <p>Review of bathing records from 3/2024 through 7/2024 indicated Resident 28 was to receive bed baths twice a week. During this period, Resident 28 was documented to have refused bed baths on the following dates:</p> <p>- 3/7/24,</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385132	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/19/2024
NAME OF PROVIDER OR SUPPLIER  Avamere Rehabilitation of King City		STREET ADDRESS, CITY, STATE, ZIP CODE  16485 SW Pacific Highway Tigard, OR 97224	

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>- 3/11/24,</p> <p>- 4/4/24,</p> <p>- 4/7/24,</p> <p>- 4/28/24,</p> <p>- 5/12/24,</p> <p>- 5/26/24,</p> <p>- 6/16/24 and</p> <p>- 6/23/24.</p> <p>On 7/18/24 at 10:27 AM Staff 12 (CNA) stated multiple residents especially those who required assistance from two member did not receive showers or bed baths during 3/2024 and 4/2024 due to staffing shortages.</p> <p>On 7/19/24 at 9:51 AM Resident 28 stated she/he had refused only two bed baths since she/he was admitted . Resident stated she/he had been told by CNAs a bed bath could not be provided during 3/2024 and 4/2024 because only one staff member was available.</p> <p>On 7/19/24 at 12:18 PM Staff 2 (DNS) confirmed missed showers/bed baths were determined to a problem, potentially due to CNA staffing levels, but was unable to determine if this issued had been resolved.</p> <p>Refer to F725 and M183.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385132	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/19/2024
NAME OF PROVIDER OR SUPPLIER  Avamere Rehabilitation of King City		STREET ADDRESS, CITY, STATE, ZIP CODE  16485 SW Pacific Highway Tigard, OR 97224	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>41458</p> <p>Based on interview and record review it was determined the facility failed to ensure there were sufficient nursing staff available to provide the necessary care and services to meet residents' needs in 1 of 1 facility reviewed for staffing. This placed residents at risk for unmet care needs. Findings include:</p> <p>On 7/25/24 the facility had a census of 62 residents. On 7/18/24, Staff 1 (Administrator) provided a list of residents who:</p> <ul style="list-style-type: none"> <li>-Required two-person mechanical lift transfers: 23;</li> <li>-Required one or two-person extensive or total assistance for bathing: 47;</li> <li>-Required one or two-person extensive or total assistance for toileting: 47;</li> <li>-Required one or two-person extensive or total assistance for dressing: 49;</li> <li>-Required two person assistance at all times for all care: 11;</li> <li>-Had behavioral healthcare needs which required monitoring: 28;</li> <li>-Were at risk for elopement: 5 and</li> <li>-Were considered high fall risks: 14</li> </ul> <p>1. On 2/1/24 a public complaint was received by the State Agency which alleged the facility was short staffed CNAs on all shifts resulting in residents not being toileted timely, long call light response times and basic care not being met. The complaint indicated the facility had been short staffed for months.</p> <p>On 2/12/24 a public complaint was received by the State Agency which alleged the facility was short staffed CNAs on all shifts but evening shift was impacted the most, staff were unable to provide showers and, in general, resident care was diminished.</p> <p>On 4/8/24 a public complaint was received by the State Agency which alleged the facility was short staffed CNAs which resulted in residents not receiving showers and staff not being able to properly monitor residents who required supervision when eating.</p> <p>On 5/20/24 a public complaint was received by the State Agency which alleged the facility was short staffed CNAs, especially on night shift which resulted in residents not getting needed care.</p> <p>On 6/17/24 two public complaints were received by the State Agency which alleged the facility was short staffed CNAs for the past several months resulting in staff not being able to properly monitor and supervise residents during meals and some residents were unable to be showered.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385132	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/19/2024
NAME OF PROVIDER OR SUPPLIER  Avamere Rehabilitation of King City		STREET ADDRESS, CITY, STATE, ZIP CODE  16485 SW Pacific Highway Tigard, OR 97224	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 7/15/24 at 11:16 AM Resident 35 stated she/he sometimes waited over 30 minutes, pretty much daily, for someone to answer her/his call light. Resident 35 stated long call light times occurred across all shifts.</p> <p>On 7/15/24 at 1:15 PM Resident 22 stated call light response times could take up to one hour. Resident 22 stated the facility was short-handed, especially on the weekends. Resident 22 stated, I filled my diaper a couple of times because they didn't get here in time.</p> <p>On 7/15/24 at 1:24 PM Resident 36 stated the facility needed more staff. Resident 36 stated she/he required two persons using a mechanical lift to transfer her/him and sometimes she/he was told there were not enough staff to transfer her/him to the chair.</p> <p>On 7/16/24 at 8:34 AM Witness 4 (Complainant) reported since 2/2024 there was constant low CNA staffing. Witness 4 stated the facility was often three to four CNA staff short. Witness 4 stated staffing was bad which resulted in increased falls, residents missing showers and residents having to remain up in their chairs longer than they should.</p> <p>On 7/16/24 at 8:21 AM Witness 3 (Complainant) reported CNA staffing was bad, especially on weekends, since approximately 2/2024. Witness 3 stated the facility was three or four CNA staff short on many shifts in 2/2024 and 3/2024 and now CNA staffing was often one to two CNAs short on many shifts. Witness 3 stated when CNA staffing was low, call light response times were longer and CNA staff did not have time to provide showers to residents.</p> <p>On 7/16/24 at 1:28 PM Witness 1 (Complainant) stated the facility did not staff CNAs to meet the mandatory CNA minimum staffing ratio requirements. Witness 1 stated CNAs were frequently working one to two CNAs short, especially on the weekends. Witness 1 stated low staffing occurred off and on for months. Witness 1 stated low CNA staffing impacted staff's ability to monitor residents which resulted in increased falls. Witness 1 stated the facility continued to admit new residents even though they were unable to meet CNA staffing ratios, which had the potential to result in injuries to the resident and/or staff.</p> <p>On 7/16/24 at 2:58 PM Witness 2 (Complainant) stated low CNA staffing was ongoing since 1/2024, especially on the weekends. Witness 2 stated staff were unable to provide showers to residents or properly supervise residents who were identified to be at high risk for aspiration (inhaling food or liquids into the lung). Witness 2 stated she was concerned residents might choke. Witness 2 stated the facility had many residents who required two person assistance with transfers but many times transfers were completed with only one person due to a lack of available staff. Witness 2 reported the facility continued to accept new admits even when they knew they were unable to adequately staff CNAs.</p> <p>On 7/17/24 at 4:51 PM Witness 5 (Complainant) stated staffing was horrible and many CNA staff quit. Witness 5 stated when CNA staffing was low, staff could not provide showers, staff were unable to complete two person mechanical lift transfers and staff were unable to toilet residents in a timely manner which resulted in a lack of dignity for the residents. Witness 5 stated CNA staffing was a dumpster fire since 1/2024. Witness 5 reported many staff did not get their breaks. Witness 5 stated the facility did not have the right staffing for the level of acuity of the residents.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385132	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/19/2024
NAME OF PROVIDER OR SUPPLIER  Avamere Rehabilitation of King City		STREET ADDRESS, CITY, STATE, ZIP CODE  16485 SW Pacific Highway Tigard, OR 97224	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 7/17/24 at 7:52 AM, 8:08 AM and 8:16 AM Staff 16 (CNA), Staff 10 (CNA) and Staff 14 (CNA) reported the facility was consistently short staffed one to two CNAs, especially on the weekends. Staff 16 and Staff 14 reported CNA staff often did not get their breaks or lunches. Staff 16 and Staff 14 stated residents who required two person mechanical lift transfers often had to wait a long time, showers got bumped and staff were unable to provide supervision to residents who ate in their rooms. Staff 10 reported the facility had difficulty retaining CNA staff.</p> <p>On 7/18/24 at 9:14 AM Staff 18 (Staffing Coordinator) stated she staffed CNAs based on the census and by the CNA mandatory minimum staffing ratios. Staff 18 stated she heard there were staffing concerns. Staff 8 confirmed, from 2/2024 through 7/14/24, CNA staffing was short on many shifts.</p> <p>On 7/19/24 at 9:14 AM Staff 1 (Administrator) stated he was aware the facility had staffing issues and struggled to maintain adequate staffing levels.</p> <p>2. Resident 22 was admitted to the facility in 1/2024 with diagnoses including a fractured hip.</p> <p>A 6/23/24 5-Day MDS indicated Resident 22 had no cognitive impairment and assistance levels ranged from moderate to maximal assistance from staff for multiple ADLs.</p> <p>Review of Resident 22's 6/1/24 through 7/17/24 Call Light Tracking Sheet revealed the following call light response times:</p> <ul style="list-style-type: none"> <li>-6/1/24 at 9:37 PM: call light response time 38 minutes;</li> <li>-6/4/24 at 5:54 AM: call light response time 32 minutes;</li> <li>-6/6/24 at 3:00 AM: call light response time 24 minutes;</li> <li>-6/6/24 at 5:27 PM: call light response time 23 minutes;</li> <li>-6/6/24 at 3:54 PM: call light response time 16 minutes;</li> <li>-6/8/24 at 9:58 AM: call light response time 20 minutes;</li> <li>-6/9/24 at 3:37 AM: call light response time 20 minutes;</li> <li>-6/9/24 at 9:09 PM: call light response time 18 minutes;</li> <li>-6/10/24 at 5:38 AM: call light response time 40 minutes;</li> <li>-6/10/24 at 2:33 PM: call light response time 37 minutes;</li> <li>-6/12/24 at 12:23 AM: call light response time 17 minutes;</li> <li>-6/12/24 at 5:37 AM: call light response time 18 minutes;</li> <li>-6/12/24 at 11:50 AM: call light response time 17 minutes;</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385132	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/19/2024
NAME OF PROVIDER OR SUPPLIER  Avamere Rehabilitation of King City		STREET ADDRESS, CITY, STATE, ZIP CODE  16485 SW Pacific Highway Tigard, OR 97224	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-6/19/24 at 1:24 PM: call light response time 23 minutes;</p> <p>-6/19/24 at 8:18 PM: call light response time 40 minutes;</p> <p>-6/20/24 at 6:22 AM: call light response time 27 minutes;</p> <p>-6/20/24 at 2:23 PM: call light response time 16 minutes;</p> <p>-6/23/24 at 8:03 PM: call light response time one hour;</p> <p>-6/23/24 at 9:19 PM: call light response time 21 minutes;</p> <p>-6/24/24 at 3:58 PM: call light response time 18 minutes;</p> <p>-6/24/24 at 9:38 PM: call light response time 19 minutes;</p> <p>-6/27/24 at 5:03 AM: call light response time 22 minutes;</p> <p>-6/27/24 at 9:44 AM: call light response time 16 minutes;</p> <p>-6/29/24 at 10:40 AM: call light response time 24 minutes;</p> <p>-7/2/24 at 2:38 PM: call light response time 20 minutes;</p> <p>-7/3/24 at 7:17 AM: call light response time 21 minutes;</p> <p>-7/6/24 at 8:14 AM: call light response time 29 minutes;</p> <p>-7/9/24 at 10:30 AM: call light response time 19 minutes;</p> <p>-7/10/24 at 3:51 PM: call light response time 17 minutes;</p> <p>-7/11/24 at 8:21 AM: call light response time 24 minutes;</p> <p>-7/15/24 at 7:44 AM: call light response time 16 minutes and</p> <p>-7/15/24 at 9:56 AM: call light response time 20 minutes.</p> <p>On 7/15/24 at 1:15 PM Resident 22 stated call light response times could take up to one hour. Resident 22 stated the facility was short-handed, especially on the weekends. Resident 22 stated, I filled my diaper a couple of times because they didn't get here in time.</p> <p>On 7/19/24 at 9:14 AM and 12:45 PM Staff 1 (Administrator) stated he was aware the facility had staffing issues and struggled to maintain adequate staffing levels. Staff 1 stated he would like to see call light response times no longer than 15 minutes and anything longer than 15 minutes would be an issue.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385132	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/19/2024
NAME OF PROVIDER OR SUPPLIER  Avamere Rehabilitation of King City		STREET ADDRESS, CITY, STATE, ZIP CODE  16485 SW Pacific Highway Tigard, OR 97224	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>3. Resident 25 was admitted to the facility in 10/2022 with diagnoses including a stroke with hemiplegia and hemiparesis (paralysis and weakness of one side of the body).</p> <p>Resident 25's 10/31/22 Fall Prevention Care Plan instructed staff to remind the resident to wait for staff assistance when she/he was up in her/his chair and to ensure the call light was within Resident 25's reach.</p> <p>A 5/30/24 Quarterly MDS indicated Resident 25 had no cognitive impairment and assistance levels ranged from maximal to dependent assistance from staff for multiple ADLs.</p> <p>Review of Resident 25's 6/1/24 through 7/17/24 Call Light Tracking Sheet revealed the following call light response times:</p> <ul style="list-style-type: none"> <li>-6/2/24 at 11:46 AM: call light response time 16 minutes;</li> <li>-6/3/24 at 5:00 PM: call light response time 40 minutes;</li> <li>-6/5/24 at 4:20 AM: call light response time 43 minutes;</li> <li>-6/6/24 at 2:47 AM: call light response time 24 minutes;</li> <li>-6/9/24 at 1:22 PM: call light response time 22 minutes;</li> <li>-6/13/24 at 2:04 PM: call light response time 21 minutes;</li> <li>-6/15/24 at 2:40 AM: call light response time 23 minutes;</li> <li>-6/16/24 at 1:28 PM: call light response time 16 minutes;</li> <li>-6/17/24 at 10:39 PM: call light response time 29 minutes;</li> <li>-6/18/24 12:06 AM: call light response time 17 minutes;</li> <li>-6/18/24 at 1:50 AM: call light response time 17 minutes;</li> <li>-6/18/24 at 9:41 PM: call light response time 16 minutes;</li> <li>-6/25/24 at 7:42 AM: call light response time 25 minutes;</li> <li>-6/25/24 at 11:21 AM: call light response time 29 minutes;</li> <li>-6/26/24 at 5:28 PM: call light response time 32 minutes;</li> <li>-6/30/24 at 12:04 PM: call light response time 22 minutes;</li> <li>-7/1/24 at 7:13 AM: call light response time 17 minutes;</li> <li>-7/2/24 at 6:02 AM: call light response time 36 minutes;</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385132	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/19/2024
NAME OF PROVIDER OR SUPPLIER  Avamere Rehabilitation of King City		STREET ADDRESS, CITY, STATE, ZIP CODE  16485 SW Pacific Highway Tigard, OR 97224	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-7/2/24 at 2:54 PM: call light response time 18 minutes;</p> <p>-7/4/24 at 11:33 AM: call light response time 21 minutes;</p> <p>-7/4/24 at 6:39 PM: call light response time 17 minutes;</p> <p>-7/6/24 at 10:52 AM: call light response time 16 minutes;</p> <p>-7/6/24 at 6:00 PM: call light response time 24 minutes;</p> <p>-7/7/24 at 6:54 PM: call light response time 49 minutes;</p> <p>-7/10/24 at 11:18 AM: call light response time 36 minutes;</p> <p>-7/11/24 at 9:25 AM: call light response time 26 minutes;</p> <p>-7/11/24 at 6:48 PM: call light response time 18 minutes;</p> <p>-7/12/24 at 10:55 AM: call light response time 17 minutes;</p> <p>-7/12/24 at 4:47 PM: call light response time 22 minutes;</p> <p>-7/16/24 at 4:53 AM: call light response time 16 minutes and</p> <p>-7/16/24 at 6:32 PM: call light response time 20 minutes.</p> <p>On 7/15/24 at 1:11 PM Resident 25 stated her/his call light response times were up to 30 to 40 minutes, at times.</p> <p>On 7/19/24 at 9:14 AM and 12:45 PM Staff 1 (Administrator) stated he was aware the facility had staffing issues and struggled to maintain adequate staffing levels. Staff 1 stated he would like to see call light response times no longer than 15 minutes and anything longer than 15 minutes would be an issue.</p>