STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385137	A. Building B. Wing	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marquis Plum Ridge Post Acute Rehab	1401 Bryant Williams Dr. Klamath Falls, OR 97601

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 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home. 50897 Based on interview and record review it was determined the facility failed to provide quarterly statements in writing of Personal Incidental Funds (PIF) to the resident representative for 1 of 2 sampled residents (#1) reviewed for PIFs. This placed residents at risk of being uninformed of financial statements. Findings include: Resident 1 was admitted to the facility in 2013 with diagnoses including a stroke and depression. The 12/19/24 Quarterly MDS revealed Resident 1 had a BIMS score of 3, which indicated the resident had severe cognitive impairment. A review of Resident 1's clinical record revealed Witness 4 (Family Member) was the resident's designated power of attorney. No evidence was found that Witness 4 received quarterly PIF statements. In an interview on 1/28/25 at 10:00 AM, Witness 4 stated he was Resident 1's designated representative and the resident's PIF account was managed by the facility. Witness 4 stated he had not received any quarterly statements from the facility regarding Resident 1's PIF account. In an interview on 1/29/25 at 3:19 PM, Staff 3 (Office Manager) stated quarterly PIF statements for Resident 1 should have been generated and sent to Witness 4. Staff 3 acknowledged Witness 4 did not receive any PIF quarterly statements for Resident 1.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385137	A. Building B. Wing	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marquis Plum Ridge Post Acute Rehab	1401 Bryant Williams Dr. Klamath Falls, OR 97601

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. 34703 Based on interview and record review it was determined the facility failed to assist residents to formulate an advanced directive for 3 of 4 sampled residents (#s 3, 7, and 37) reviewed for advance directives. This placed residents at risk for healthcare decisions to conflict with resident wishes. Findings include: 1. Resident 3 was admitted to the facility in 3/2023 with diagnoses including weakness. A 3/8/24 Annual MDS revealed Resident 3 was cognitively intact. The 3/12/24 Interdisciplinary Care Conference notes revealed Resident 3 did not have an advance directive. On 1/27/25 at 2:20 PM Resident 3 stated staff did not offer her/him an advance directive and she/he would like to have her/his options reviewed. On 1/29/25 at 11:28 AM Staff 26 (Social Service Director) stated she would review options for residents regarding advance directives in their quarterly Interdisciplinary Care Conference. On 1/30/25 at 10:54 AM Staff 1 (Administrator) acknowledged staff were behind on quarterly Interdisciplinary Care Conferences, and advance directives were not being followed-up on. 2. Resident 7 was admitted to the facility in 8/2023 with diagnoses including respiratory failure. The 8/8/24 Annual MDS indicated Resident 7 was cognitively intact. The 2/24/24 Interdisciplinary Care Conference notes revealed Resident 7 did not have an advance directive. On 1/27/25 at 1:53 PM Resident 7 stated staff did not offer her/him an advance directive and she/he would like to have her/his options reviewed. On 1/29/25 at 11:28 AM Staff 26 (Social Service Director) stated she would review options for residents regarding advance directives in their quarterly Interdisciplinary Care Conference. On 1/30/25 at 10:54 AM Staff 1 (Administrator) acknowledged staff were behind on quarterly Interdisciplinary Care Conference, and advance directives were not being followed-up on. 3. Resident 37 was admitted to the facility in 2/2023 with diagnoses including surgical aftercare. The 2/16/24 Annual MDS indicated Resident 37 was cognitively intact. The 9/11/24 Interdisciplinary Care Conference notes revealed Resident 37 did not have an advance directive. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385137	A. Building B. Wing	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marquis Plum Ridge Post Acute Rehab	1401 Bryant Williams Dr. Klamath Falls, OR 97601

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 1/28/25 at 9:23 AM Resident 37 stated staff did not offer her/him an advance directive and she/he would like to have one. On 1/29/25 at 11:28 AM Staff 26 (Social Service Director) stated she would review options for residents regarding advance directives in their quarterly Interdisciplinary Care Conference. On 1/30/25 at 10:54 AM Staff 1 (Administrator) acknowledged staff were behind on quarterly Interdisciplinary Care Conference, and advance directives were not being followed-up on.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385137	A. Building B. Wing	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marquis Plum Ridge Post Acute Rehab	1401 Bryant Williams Dr. Klamath Falls, OR 97601

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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. 47001 Based on interview and record review it was determined the facility failed to ensure residents were free from misappropriation of property for 1 of 2 sampled residents (#68)reviewed for abuse. This placed residents at risk for loss of property. Findings include: Resident 68 was admitted to the facility in 4/2022 with diagnoses including cirrhosis (scarring)of the liver. On 11/8/24 a public complaint was received which alleged Resident 68 had money stolen from her/him. A 11/13/24 witness statement indicated on 11/6/24 Resident 68's bank card was run for her/his monthly liability and declined for payment. Staff 3 (Business Office Manager) notified Resident 68's power of attorney (POA) of the declined payment. On 11/8/24 Resident 68's POA notified Staff 3 Resident 68 was missing $3300 from her/his bank account and the POA made a police report. A 11/15/24 investigation indicated the Automated Teller Machine(ATM)withdrawals were made from an ATM near the facility. Law enforcement retrieved the video recording from the ATM and the parking lot. The facility assisted law enforcement with identification of the suspect using the images from the cameras. The identified staff member was on leave until the investigation was completed, the facility reimbursed the family $3300, and the facility continued to work with law enforcement to resolve the incident. On 1/28/25 at 8:30 AM Witness 2 (Complainant) stated Resident 68 had a total of $3320 taken from her/his bank account using her/his bank card from 10/30/24 through 11/1/24. On 1/29/25 at 3:27 PM Witness 3 (Complainant) stated Staff 6 (former Activity Assistant) was identified as a suspect and arrested. Witness 3 stated the case was awaiting trial. On 1/30/25 at 9:28 AM Staff 6 stated a gentleman she thought was a family member of Resident 68, threatened her and her family due to money he said someone in Staff 6's family owed him. Staff 6 stated she paid this gentleman $1500 of her own money. Staff 6 stated on 10/30/24 this gentleman requested she assist him with withdrawing money from an ATM. Staff 6 stated she agreed to withdraw the money but stated she did not know it was Resident 68's account. Staff 6 stated she could not read the name on the ATM card. Staff 6 stated it did not sit right with her that she was an accessory to hurting Resident 68. On 1/30/25 at 12:00 PM Staff 1 (Administrator)stated Resident 68's money was taken by Staff 6.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385137	A. Building B. Wing	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marquis Plum Ridge Post Acute Rehab	1401 Bryant Williams Dr. Klamath Falls, OR 97601

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. 34703 Based on interviews and record review it was determined the facility failed to thoroughly investigate alleged verbal abuse from staff for 1 of 2 sampled residents (#7) reviewed for abuse. This placed residents at risk for physical and verbal abuse from staff. Findings include: The facility's 12/2020 Abuse Investigation Policy included: All reports of abuse, neglect, misappropriation of resident property, and injuries of unknown origin shall be promptly and thoroughly investigated. The investigation shall consist of: -A review of the completed Resident Incident Report Form. -An interview with the resident. -Witness reports in writing, signed and dated. Resident 7 was admitted to the facility in 8/2023 with diagnoses including respiratory failure. The 1/21/25 investigation report indicated Staff 8 (LPN) reported to Staff 28 (RNCM) Resident 7 reported an allegation of abuse. Resident 7 indicated she/he was forced out of bed and forced to take a shower by Staff 18 (RN). On 1/28/25 at 2:37 PM Resident 7 stated Staff 18 came to her/his room and stated she/he had to take a shower. Resident 7 stated she/he told staff she/he did not want to take a shower. Resident 7 stated she/he told staff, this is the last time she/he will be made to take a shower when she/he did not want to. Resident 7 stated she/he had PTSD and a trigger was someone telling her/him what to do and Staff 18 does this all the time. Resident 7 stated she/he felt verbally abused. On 1/28/25 at 2:45 PM Staff 28 (RNCM) stated Resident 7 had a shower on evening shift on 1/21/25 then reported to staff the next day that Staff 18 verbally abused her/him. Staff 28 stated she spoke with Staff 13 (CNA) and Staff 23 (CNA) who assisted Staff 18 and they indicated Resident 7 did not allege abuse while being showered. Staff 28 stated she spoke with Staff 18 and she indicated Resident 7 did not say anything during the shower. Staff 28 stated Resident 7 waited 12 hours to report the abuse incident. Staff 28 stated the investigation did not have witness statements and she did not speak to Resident 7 regarding the abuse allegation. Staff 28 stated Resident 7 had PTSD and one of her/his triggers were showers. Staff 28 stated she spoke with Staff 18 regarding Resident 7's care plan which indicated the resident prefers bed baths and will ask for a shower if she/he wanted one. Staff 28 acknowledged she should have spoken with the resident after the allegation of abuse. On 1/28/25 at 3:04 PM Staff 8 stated the day after the incident Resident 7 asked if she/he could refuse getting out of bed and taking showers. Staff 8 stated she told Resident 7 she/he could refuse any cares. Staff 8 stated Resident 7 indicated she/he told staff she/he did not want a shower but they did it anyway and she/he felt verbally abused. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385137	A. Building B. Wing	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marquis Plum Ridge Post Acute Rehab	1401 Bryant Williams Dr. Klamath Falls, OR 97601

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 1/29/25 at 12:48 PM Staff 23 stated Resident 7 did not indicate she/he did not want a shower or say she/he was abused. On 1/29/25 at 3:56 PM Staff 13 stated Resident 7 did not refuse to take a shower but indicated she/he got nauseated when getting up out of bed. Staff 13 stated Resident 7 did not indicate she/he felt abused. On 1/30/25 at 2:41 PM Staff 18 stated she asked Resident 7 if she/he wanted to take a shower and the resident stated she/he would think about it. Staff 18 stated she asked the resident again and the resident agreed to a shower. Staff 18 stated Resident 7 did not indicate she/he was upset or felt abused. Staff 18 stated she should have looked closer at the resident's care plan regarding the resident would ask for showers if she/he wanted one, but thought the resident was fine. 1/30/25 at 3:53 PM Staff 1 Administrator stated her expectation for an allegation of abuse would be for staff to interview the resident, and have written and signed witness statements. Staff 1 acknowledged the investigation was not thourough.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385137	A. Building B. Wing	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marquis Plum Ridge Post Acute Rehab	1401 Bryant Williams Dr. Klamath Falls, OR 97601

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 34703 Based on interview and record review it was determined the facility failed to conduct quarterly care conferences as required for 3 of 3 sampled residents (#s 3, 7, and 37) reviewed for care conferences. This placed residents at risk for lack of participation in care goals and unmet needs. Findings include: The 11/2017 facility Care Planning-Interdisciplinary Team Policy and Procedure indicated the resident's comprehensive care plan will be reviewed and updated at a minimal on a quarterly basis by the IDT (Interdisciplinary Team.) 1. Resident 3 was admitted to the facility in 3/2023 with diagnoses including weakness. A review of the 3/12/24 Interdisciplinary Team Care Plan Conference Form for Resident 3 revealed no quarterly care conferences were provided after 3/12/24. On 1/27/25 at 1:20 PM Resident 3 stated she/he had not had a care conference in months and had concerns she/he would like to discuss with staff. On 1/30/25 at 10:54 AM Staff 1 (Administrator) confirmed quarterly care conferences were not conducted with Resident 3 to address care plan needs quarterly. 2. Resident 7 was admitted to the facility in 3/2023 with diagnoses including weakness. A review of the 2/22/24 Interdisciplinary Team Care Plan Conference Form for Resident 7 revealed no quarterly care conferences were provided after 2/22/24. On 1/27/25 at 1:20 PM Resident 7 stated she/he had not had a care conference in months and had care concerns she/he would like to discuss with staff. On 1/30/25 at 10:54 AM Staff 1 (Administrator) confirmed quarterly care conferences were not conducted with Resident 7 to address care plan needs quarterly. 3. Resident 37 was admitted to the facility in 2/2023 with diagnoses including surgical aftercare. A review of the 9/11/24 Interdisciplinary Team Care Plan Conference Form for Resident 37 revealed no quarterly care conferences were provided after 9/11/24. On 1/28/25 at 9:23 AM Resident 37 stated she/he had not had a care conference in months and had care concerns she/he would like to discuss with staff. On 1/30/25 at 10:54 AM Staff 1 (Administrator) confirmed quarterly care conferences were not conducted with Resident 37 to address care plan needs.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385137	A. Building B. Wing	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marquis Plum Ridge Post Acute Rehab	1401 Bryant Williams Dr. Klamath Falls, OR 97601

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34703 Based on observation, interview and record review it was determined the facility failed to ensure pressure injury wounds were accurately assessed, and care plans were followed for 2 of 4 sampled residents (#s 3 and 31) reviewed for pressure ulcers. This placed residents at risk for inaccurate assessment and worsening of wounds. Findings include: 1. Resident 3 was admitted to the facility in 2/2023 with diagnoses including a Stage 4 (penetration of all three layers of skin exposing muscles, tendons and bones) pressure ulcer. The 12/29/24, 1/5/25, 1/14/25, and 1/19/25 Wound Evaluation Form indicated Resident 3 had a Stage 4 pressure ulcer. The wound contained slough (dead skin tissue) which indicated an unstageable (with dead tissues making it impossible to determine the depth of the wound) pressure ulcer. On 1/29/25 at 1:36 PM Staff 2 (DNS) acknowledged Resident 6's wound was not a Stage 4 pressure ulcer but an unstageable pressure ulcer due to the slough in the wound, and the Wound Evaluation Form was not accurate. 36494 2. Resident 31 was admitted to the facility in 11/2024 with diagnoses including right hip fracture and diabetes. The Admission MDS dated [DATE], revealed Resident 31 had a BIMS score of 14, which indicated the resident was cognitively intact. A 12/16/24 Skin Event revealed Resident 31 had a pressure injury to the right heel, which was a red, shiny, blanchable (the skin area turns white or pale), pea sized area. Resident 31 was not aware the wound was there but knew that it hurt. Treatment was initiated and staff were to offload the resident's right heel with a pillow or use a blue heel boot protector when in bed. A care plan revised on 12/19/24, revealed Resident 31 was at risk for skin impairments and pressure ulcers related to a right femur fracture and the resident had a closed pressure area to the right heel. Staff were to ensure Resident 31's right heel was offloaded with pillows or a blue heel boot protector to the right heel when the resident was in bed. Random observations from 1/29/25 through 1/30/25 revealed Resident 31 in bed on her/his back. Resident 31 stated her/his right foot on the bottom hurt. Resident 31 was observed with no pillow or boot protector to her/his right foot. On 1/29/25 at 8:45 AM, Resident 31 stated she/he had a wound on her/his right heel and at times the wound was painful. Resident 31 stated no one placed pillows under her/his heels when she/he was in bed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385137	A. Building B. Wing	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marquis Plum Ridge Post Acute Rehab	1401 Bryant Williams Dr. Klamath Falls, OR 97601

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 1/29/25 at 8:48 AM, and 1:10 PM, Staff 11 (CNA/CMA) stated he worked with Resident 31 and did not believe the resident had a wound to her/his right heel and would need to review the care plan. Staff 11 entered Resident 31's room; the resident was in bed, and Staff 11 removed her/his blankets and socks, lifted the right heel and acknowledged a small red area (approximately pencil eraser size) on the base of Resident 31's right heel. Staff 11 acknowledged the wound on the resident's right heel and acknowledged the resident's right heel was not offloaded in bed. On 1/29/25 interviews were conducted from 1:28 PM through 6:43 PM with Staff 12 (CNA), Staff 13 (CNA), Staff 14 (LPN), and Staff 21 (CNA). Staff 12, Staff 13, Staff 14, and Staff 21 stated they worked with Resident 31 and were not aware the resident had a wound to her/his right heel. Staff 12, Staff 13, and Staff 21 indicated they reviewed residents' care plans prior to the start of their shift, and if they saw any new skin issues, they would report the concern to the charge nurse. If Resident 31 had a wound to her/his heel they would offload the resident's feet with a pillow when in bed. Staff 14 stated if Resident 31 had a wound to the heel, the CNAs would offload her/his heels with a pillow or apply a heel boot protector. On 1/30/25 at 8:52 AM, Staff 16 (RNCM) stated Resident 31 had a Stage 1 (intact skin with a localized area of non-blanchable erythema [redness] pressure ulcer to her/his right heel and staff were supposed to offload the right heel with a pillow or a blue heel boot protector. Staff 16 acknowledged staff were not following the care plan and Resident 31's right heel was not being offloaded when the resident was in bed. On 1/30/25 at 1:23 PM, Staff 1 (Administrator) and Staff 2 (DNS) were present for an interview. Staff 1 and Staff 2 stated staff were expected to review the care plan prior to the start of their shift and ensure the care plan was implemented. Staff 1 and Staff 2 acknowledged Resident 31's care plan was not followed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385137	A. Building B. Wing	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marquis Plum Ridge Post Acute Rehab	1401 Bryant Williams Dr. Klamath Falls, OR 97601

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. 34703 Based on observation, and interview it was determined the facility failed to ensure proper labeling of biologicals for 3 of 6 medication carts. This placed residents at risk for reduced efficacy of medication and adverse medication side effects. Findings include: On 1/29/25 at 10:59 AM multiple bottles of OTC (over the counter) medications were observed to be opened with no open date labels on the bottles in the front hall medication cart. Two more medication carts were observed on the front hall, and the back hall with multiple bottles of OTC medications with no open date label on the bottles. Staff 17(CMA) acknowledged there were multiple OTC medications in all three medication carts with no open date labels on the bottles. On 1/29/25 at 11:59 AM Staff 2 (DNS) observed all three medication carts and acknowledged there were multiple OTC medications with no open date labels on the bottles. Staff 2 stated her expectation was for staff to label and date every medication when the medication was opened.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385137	A. Building B. Wing	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marquis Plum Ridge Post Acute Rehab	1401 Bryant Williams Dr. Klamath Falls, OR 97601

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 - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 50897 Based on observation, interview and record review it was determined the facility failed to ensure proper food temperatures were maintained for food trays served from 1 of 1 facility kitchens reviewed for food service and for 5 of 5 residents (#s 3, 6, 23, 37 and 266) sampled for food. This placed residents at risk for food that was not palatable, safe or appetizing. Findings include: 1. In an interview on 1/29/25 at 7:30 AM, Staff 27 (Dietary Manager) was aware residents complaints of food being served cold and not always being palatable. On 1/29/25 at 11:02 AM, nine residents attended the resident council meeting and expressed ongoing concerns regarding meals being served cold. On 1/29/25 at 12:56 PM, a lunch test tray and an alternative test tray were provided and sampled by the survey team. The lunch tray consisted of beef stroganoff with gravy, pasta, and green beans. The alternative meal test tray consisted of a French dip sandwich with au jus, grilled cheese, and tater tots. The survey team sampled the regular and alternative meals which revealed the following: *The beef stroganoff was barely warm. *The noodles were dried out and tough to chew. *The green beans were cold. *The grilled cheese sandwich was hard around the edges and lukewarm. *The tater tots tasted freezer burnt and were cold. In an interview on 1/30/25 at 8:50 AM, Staff 1 (Administrator) stated she was aware of residents' complaints of cold food. Staff 1 stated she expected food to be served at the appropriate temperature for all residents and acknowledged food should be served at the residents' preferred temperature and palatability. 34703 2. Resident 3 was admitted to the facility in 3/2023 with diagnoses including a pressure ulcer. Observations made in the dining room on 1/27/24 from 5:06 PM through 5:53 PM revealed the following: -1/27/25 05:06 PM covers were removed from the food on the steam table and staff tempted the food. -5:23 PM multiple complaints of cold food were heard from the residents in the dining room. -5:47 PM the food on the steam table was recovered but not tempted before the dinner trays were delivered to the halls. Multiple complaints of cold food were heard from the residents. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385137	A. Building B. Wing	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marquis Plum Ridge Post Acute Rehab	1401 Bryant Williams Dr. Klamath Falls, OR 97601

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 - Some	-5:53 PM Staff 24 (Assistant Kitchen Manager) stated staff did not check the temperature of the food before it was delivered to the halls. On 1/27/25 at 5:58 PM Resident 3 was observed in her/his room during dinner which included quiches, potatoes, stewed tomatoes and cake. Resident 3 stated the food was cold and undercooked. On 1/28/25 at 12:40 PM Resident 3 was observed in her/his room with lunch which consisted of chicken parmesan with pasta and overcooked veggies. Resident 3 stated the food was cold and tasted bad. On 1/29/25 at 7:30 AM, Staff 27 (Dietary Manager) stated he was aware residents had complaints of food being served cold. On 1/30/25 at 8:50 AM, Staff 1 (Administrator) stated she was aware of resident complaints of cold food. Staff 1 stated she expected food to be served at the appropriate temperature for all residents and acknowledged food should be served at the residents' preferred temperature. 3. Resident 6 was admitted to the facility in 6/2023 with diagnoses including diabetes. On 1/29/25 at 7:30 AM, Staff 27 (Dietary Manager) stated he was aware residents had food complaints, regarding food being served cold. On 01/29/25 at 10:33 AM Resident 6 stated she/he had a breakfast burrito for breakfast and it was cold. Resident 6 stated the food is always cold. On 1/30/25 at 8:50 AM, Staff 1 (Administrator) stated she was aware of resident complaints of cold food. Staff 1 stated she expected food to be served at the appropriate temperature for all residents and acknowledged food should be served at the residents' preferred temperature. 4. Resident 37 was admitted to the facility in 2/2023 with diagnoses including surgical aftercare. On 1/28/25 at 12:06 PM Resident 37 was observed in her/his room with lunch which consisted of a hamburger, cake and vegetables. Resident 37 stated the food was cold as always. On 1/29/25 at 7:30 AM, Staff 27 (Dietary Manager) stated he was aware residents had complaints of food being served cold. On 1/29/25 at 11:02 AM, nine residents attended the resident council meeting and expressed ongoing concerns regarding meals being served cold. On 1/29/25 at 12:38 PM Resident 37 was observed in her/his room with lunch which included beef stroganoff, and green beans. Resident 37 stated the food was cold and awful. On 1/30/25 at 8:50 AM, Staff 1 (Administrator) stated she was aware of resident complaints of cold food. Staff 1 stated she expected food to be served at the appropriate temperature for all residents and acknowledged food should be served at the residents' preferred temperature. 47001 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385137	A. Building B. Wing	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Marquis Plum Ridge Post Acute Rehab	1401 Bryant Williams Dr. Klamath Falls, OR 97601

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 - Some	5. Resident 23 was admitted to the facility in 1/2020 with diagnoses including diabetes. On 1/27/25 at 1:41 PM Resident 23 stated the food was often cold and did not consistently taste good. Resident 23 stated the grilled cheese sandwich was often hard. On 1/29/25 at 1:33 PM, Resident 23 stated she/he had the beef stroganoff for lunch. Resident 23 stated the beef was mechanical soft, chewed up texture, scratchy on the throat, and the noodles were hard and cold. On 1/30/25 at 8:50 AM, Staff 1 (Administrator) stated she was aware of resident complaints of cold food. Staff 1 stated she expected food to be served at the appropriate temperature for all residents and acknowledged food should be served at the residents' preferred temperature. 49676 6. Resident 266 was admitted to the facility in 11/2024 with a diagnoses including a hip fracture and depression. The Annual MDS 11/21/24, revealed Resident 266 had a BIMS score of 15, which indicated the resident was cognitively intact. On 1/27/25 at 2:10 PM, Resident 266 stated when she/he received her/his meals the food was often cold. On 1/29/25 at 1:12 PM, Resident 266 stated the food was warm, not hot, and the stroganoff and noodles were cold. The green beans were cold, and the resident was unsure how the green beans were prepared. In an interview on 12/30/25 at 8:50 AM, Staff 1 (Administrator) stated she was aware of resident complaints of cold food. Staff 1 stated she expected food to be served at the appropriate temperature for all residents and acknowledged food should be served at the residents' preferred temperature and palatability.