

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385145	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/05/2025
NAME OF PROVIDER OR SUPPLIER  Robison Jewish Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  6125 SW Boundary Street Portland, OR 97221	

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 0557</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 be treated with respect and dignity and to retain and use personal possessions.</p> <p>46054</p> <p>Based on observation, interview and record review it was determined the facility failed to ensure residents were treated with dignity and respect for 1 of 2 sampled residents (#1) reviewed for dignity and respect. This placed residents at risk for decreased quality of life. Findings include:</p> <p>Resident 1 admitted to the facility in 10/2021, with diagnosis including acute cerebrovascular insufficiency (a condition where blood flow is reduced in the brain causing damage).</p> <p>Resident 1's 1/24/23 Care Plan revealed the resident with a communication and ADL self-care performance deficit related to cognitive impairment and left sided weakness. Facility interventions included adequately timed and non-rushed guided care, ensuring a safe environment through eye contact and continuous face to face verbal communication and cues when providing peri-care.</p> <p>A video recorded incident report dated 1/5/25 revealed the following:</p> <p>Resident 1 was observed through an observational security camera receiving cares from Staff 4 (CNA). Staff 4 was viewed while providing peri-care grabbing Resident 1's groin without cues or prompting causing Resident 1 to respond verbally in a painful manner.</p> <p>The facility's investigation dated 1/9/25 concluded Resident 1 showed no adverse behaviors, physical or psycho-social injuries as a result of the incident.</p> <p>On 2/4/25 at 11:12 AM, Resident 1 was observed in her/his room, clean, no markings or bruises were noted on her/his body. Resident 1 did not appear frightful during interaction no odors related to poor incontinence care were observed.</p> <p>On 2/4/25 at 12:39 PM, review of the video was confirmed to have occurred on 1/2/25 at 5:43 AM. Staff 1 (Administrator) and Staff 4 (CNA) confirmed Staff 4 was the CNA identified in video. Staff 4 during the video was viewed stating to Resident 1 to stop touching her/his genitals in a frustrated manner. Staff 4 was viewed grabbing Resident 1's genitals without cueing or directing which prompted Resident 1 to yell oww. Observation of video could not confirm abuse or neglect had occurred.</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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/4/25 at 12:48 PM, Staff 4 denied allegations that she provided inappropriate care to Resident 1. Staff 4 stated Resident 1 yelled to many times and becomes handsy during care. Staff 4 then confirmed this was her in the video and confirmed care was not performed according to Resident 1's care plan and denied allegations of abuse.</p> <p>On 2/4/25 at 12:50 PM, Staff 1 during observation of the video confirmed that Staff 4 made contact with Resident 1's genitals and provided care that was not performed in a dignified manner in accordance with Resident 1's care plan.</p>