

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  385147	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/18/2025
NAME OF PROVIDER OR SUPPLIER  Creekside Health and Rehab of Cascadia		STREET ADDRESS, CITY, STATE, ZIP CODE 3500 Hilyard Street Eugene, OR 97405	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>47001</p> <p>Based on interview and record review it was determined the facility failed to follow physician orders for 1 of 5 residents(#50)reviewed for unnecessary medications. This placed residents at risk for adverse side effects to medications. Findings include:</p> <p>Resident 50 was admitted to the facility in 11/2024 with diagnoses including congestive heart failure.</p> <p>A 12/20/24 physician order for Enestro (a heart and blood pressure medication) indicated to hold the medication if Resident 50's systolic blood pressure(SBP)was less than 120.</p> <p>A review of the 1/2025 MAR revealed on 1/2/25 the PM dose of Enestro was given with a SBP of 118 and on 1/4/25 the PM dose of Enestro was given with a SBP of 110.</p> <p>A review of the 2/2025 MAR revealed on 2/1/25 the PM dose of Enestro was given with a SBP of 104.</p> <p>On 2/14/25 at 11:58 AM Staff 2(DNS)acknowledged Resident 50 received Enestro on 1/2/25, 1/4/25, and 2/1/25 when the medication should have been held per orders.</p> <p>On 2/14/25 at 2:19 PM Staff 10(LPN)stated he gave Enestro on 2/1/25 when it should have been held based on the blood pressure parameter order.</p> <p>On 2/14/25 at 2:30 PM Staff 16(RN)stated she gave Enestro on 1/4/25 when it should have been held based on the blood pressure parameter order.</p> <p>On 2/14/25 at 2:47 PM Staff 17(CMA)stated she gave Enestro on 1/2/25 when it should have been held based on the blood pressure parameter order.</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 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide special eating equipment and utensils for residents who need them and appropriate assistance.</p> <p>47001</p> <p>Based on observation, interview, and record review it was determined the facility failed to provide assistive devices for 1 of 5 sampled residents (#313) reviewed for nutrition. This placed residents at risk for unmet needs. Findings include:</p> <p>Resident 313 was admitted to the facility in 1/2025 with diagnoses including anxiety.</p> <p>A 1/23/25 Nutrition Evaluation indicated Resident 313 had difficulty grasping a fork related to hand tremors and the RD recommended adaptive ware (flatware in foam tubes to make it easier to grip) for all meals.</p> <p>A 1/23/24 order indicated Resident 313 was to have adaptive flatware for all meals.</p> <p>On 2/10/25 at 12:52 PM Resident 313 was observed eating in the dining room, no adaptive ware was observed.</p> <p>On 2/11/25 at 1:38 PM Resident 313's tray was observed without adaptive ware.</p> <p>On 2/12/25 at 12:25 PM Resident 313's tray was observed without adaptive ware.</p> <p>On 2/12/25 at 12:25 PM Staff 18 (Dietary Aide) stated adaptive ware are added to the trays during the tray line in the kitchen based on what the tray tickets indicated.</p> <p>On 2/13/25 at 2:52 PM Staff 13 (RD) stated she met with Resident 313 on 1/23/25 and she/he had a hard time holding her/his fork so, with Resident 313's agreement, she put in orders to use adaptive ware with meals.</p> <p>On 2/13/25 at 3:16 PM Staff 14 (Culinary Manager) stated the order for adaptive ware for Resident 313 was in the orders but was not on the tray tickets.</p>