STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385149	A. Building B. Wing	07/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Highland House Nursing & Rehabilitation Center	2201 NW Highland Avenue Grants Pass, OR 97526

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. 25504 Based on interview and record review it was determined a facility employee sexually abused 6 of 10 sampled residents (#s 6, 7, 8, 9, 10 and 11) who were reviewed for sexual abuse. As a result of the pattern of sexual abuse, it was determined to be an immediate jeopardy situation and residents experienced psychosocial harm. Findings include: 1. Resident 6 was admitted to the facility in April 2024, with diagnoses including a stroke. Review of a progress note dated 6/16/24 at 9:45 AM revealed Resident 6 reported to staff that a night shift male CNA came into her/his room every hour to provide incontinence care and played with her/his clit. Resident 6 requested Staff 2 to not provide care for her/him anymore. Review of a facility's investigation completed on 6/21/24 revealed on 6/16/24 Resident 6 reported to facility staff an allegation of sexual abuse by Staff 2 (CNA). Resident 6 indicated Staff 2 would enter the resident's room every hour to provide incontinence care even though the resident did not require incontinence care and was playing with my clit. The resident also indicated on one occasion Staff 2 stood by the resident's closet with his hand in his pants. Resident 6 thought Staff 2 was masturbating. The investigation indicated Staff 2 acknowledged inappropriately touching Resident 6 three times on 6/16/24 on her/his vagina and clitoris while providing incontinence care during an interview with Staff 3 (Administrator), Staff 4 (DNS) and Witness 11 (Law Enforcement). The investigation concluded Resident 6 was sexually abused by Staff 2. In an interview on 6/25/24 at 11:55 AM, Resident 6, who was alert and oriented and able to answer questions, said Staff 2 had inappropriately touched the resident's vagina and clitoris on three occasions. Resident 6 stated she/he had increased anxiety and difficulty sleeping, but was glad Staff 2 did not work at the facility anymore. In an interview on 6/25/24 at 12:00 PM, Staff 1 (CNA) said Resident 6 reported to her the night shift CNA (Staff 2) sexually abused Resident 6 and did not want Staff 2 to provide care for her/him anymore. Staff 1 said Resident 6 had problems sleeping for the next three to four days after the abuse. 2. Resident 7 was admitted to the facility in May 2024, with diagnoses including Post-Traumatic Stress Disorder (PTSD) and depression. (continued on next page)

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
	385149	A. Building B. Wing	07/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Highland House Nursing & Rehabilitation Center	2201 NW Highland Avenue Grants Pass, OR 97526

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Review of a facility's investigation completed on 6/21/24 revealed on 6/18/24 Resident 7 reported to staff she/he was molested and was waiting for police. Resident 7 indicated she/he had been molested multiple times by a male CNA (Staff 2) who was tall with red hair. The resident indicated Staff 2 had touched and spoke to her/him inappropriately. The investigation included an interview with Resident 7 who reported Staff 2 touched her/his breasts and vagina and Staff 2 would touch himself during these occurrences. Resident 7 was visibly upset and distressed when talking to staff about the incident. The investigation indicated Staff 2 acknowledged inappropriately touching Resident 7 on two occasions during an interview with Staff 3 (Administrator), Staff 4 (DNS) and Witness 11 (Law Enforcement). In an interview on 6/26/24 at 7:47 AM, Resident 7 stated she/he was sexually abused by Staff 2 (CNA) on the night shift. Resident 7 stated Staff 2 touched her/his breasts and vagina and was afraid and experienced anxiety because of the abuse. Resident 7 said she/he would not be returning to the facility. During the interview, this surveyor observed the resident lying in bed visibly shaking. 3. Resident 8 was admitted to the facility in March 2024, with diagnoses including diabetes. Resident 8 was discharged from the facility and was unable to be interviewed. Based on the reasonable person concept, the surveyor concludes Resident 8 suffered psychosocial harm as a result of being sexually abused. Review of a facility's investigation dated completed on 6/21/24 indicated Staff 2 acknowledged he inappropriately touched Resident 8 two times on the vagina and penetrated her/his vagina with his fingers during an interview with Staff 3 (Administrator), Staff 4 (DNS) and Witness 11 (Law Enforcement). 4. Resident 9 was admitted to the facility in March 2024, with diagnoses including kidney failure. Based on the reasonable person concept, the surveyor concludes Resident 9 suffered psychosocial harm as a result of being sexually abused. Review of a facility's investigation completed on 6/21/24 indicated Staff 2 (CNA) acknowledged he inappropriately touched Resident 9 on one occasion on the vaginal area while the resident was sleeping during an interview with Staff 3 (Administrator), Staff 4 (DNS) and Witness 11 (Law Enforcement). Staff 2 also indicated Resident 9 woke up and told him to leave her/his room. In an interview on 6/25/24 at 10:22 AM, Resident 9, who was alert and oriented and able to answer questions, stated on one occasion Staff 2 tried to touch her/him inappropriately and she/he told him to go away. 5. Resident 10 was admitted to the facility in June 2024, with diagnoses including a cervical fracture. Resident 10 was discharged from the facility and was unable to be interviewed. Based on the reasonable person concept, the surveyor concludes Resident 10 suffered psychosocial harm as a result of being sexually abused. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Highland House Nursing & Rehabilitation Center	2201 NW Highland Avenue Grants Pass, OR 97526

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Review of a facility investigation completed on 6/21/24 indicated Staff 2 (CNA) acknowledged he inappropriately touched Resident 10 on one occasion on the vaginal area while the resident was sleeping during an interview with Staff 3 (Administrator), Staff 4 (DNS) and Witness 11 (Law Enforcement). 6. Resident 11 was admitted to the facility in April 2024, with diagnoses including diabetes. Resident 11 was not interviewable. Based on the reasonable person concept, the surveyor concludes Resident 11 suffered psychosocial harm as a result of being sexually abused. Review of a facility's investigation completed on 6/21/24 indicated Staff 2 (CNA) acknowledged he inappropriately touched Resident 11 on one occasion where he penetrated the resident's anus during incontinence care during an interview with Staff 3 (Administrator), Staff 4 (DNS) and Witness 11 (Law Enforcement). In an interview on 6/26/24 at 11:22 AM, Staff 3 (Administrator) acknowledged Resident 6, 7, 8, 9, 10 and 11 were sexually abused by Staff 2 and was present when Staff 2 admitted to sexually abusing multiple residents at the facility. In an interview on 6/26/24 at 12:15 PM, Staff 4 (DNS) acknowledged Resident 6, 7, 8, 9, 10 and 11 were sexually abused by Staff 2 and was present when Staff 2 admitted to sexually abusing multiple residents at the facility. In an interview on 6/27/24 at 12:17 PM, Witness 11 (Law Enforcement) confirmed Staff 2 admitted to the inappropriate sexual contact with multiple residents at the facility. Witness 11 indicated Staff 2 was arrested, taken to jail and faced multiple criminal charges. On 7/16/24 at 10:16 AM, Staff 3 (Administrator) was notified of the Immediate Jeopardy (IJ) situation and provided a copy of the IJ template related to the sexual abuse of six resident by Staff 2. It was determined this citation met the criteria for Past Non-Compliance based on the following: The facility was in non-compliance with the regulatory requirement of F600 at the time of the reported 6/16/24 sexual abuse allegation. The facility reported the incident to the State Survey Agency (SSA) on 6/16/24. The abuse of Resident 6, 7, 8, 9, 10, and 11 occurred after the most recent annual recertification survey of 6/14/24 and before the current survey of 7/16/24. On 6/18/24, the Past Noncompliance was corrected when the facility completed a thorough investigation and determined sexual abuse had occurred. The facility's Plan of Correction included: -Alleged perpetrator immediately suspended; -All cognitively intact residents interviewed to ensure no additional residents were sexually abused; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385149	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2024
NAME OF PROVIDER OR SUPPLIER: Highland House Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 2201 NW Highland Avenue, Grants Pass, OR 97526	

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 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	-Staff interviewed from various shifts and departments to ensure there were no observations or complaints of abuse in the past 3 months with cognitively intact or cognitively impaired residents; -Provider and residents' families notified; -Care plans for the residents involved in the allegation were updated to include female-only caregivers; -Residents involved in the allegation placed on alert charting and referred to the facility's psychologist; -Skin assessments focused on identifying sexual trauma conducted; -Local law enforcement notified; -Audits conducted weekly until substantial compliance reached, then monthly for two months with verification of sustained compliance; -Audit trends will be reported to facility QAPI for three months for review and further recommendations.